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IMMIGRANT WOMEN AND FERTILITY: RIGHTS AND RESPONSIBILITIES

by

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A thesis submitted to the Faculty of Graduate Studies and Research in partial fulfilment of the requirements for the degree of Master of Arts

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Abstract

In every society, fertility is perceived to be the important element of female gender role fulfilment. Women conceptualise their reproductive role based on social, political and economical expectations of the society they live in. The research project "Immigrant Women and Fertility: Rights and Responsibilities" explores the change of the concept of fertility as a result of migration from one cultural environment to another. The research demonstrates that reproductive rights and responsibilities of immigrant women are a challenging issue related to newcomers' integration and adaptation into Canadian society. Perceived as a private matter, fertility of immigrant women is rarely addressed in public as it often involves painful re-construction of women's social and cultural status and re-conceptualising of their gender identity. As a result, the topic is not thoroughly explored. This research indicates that the importance of fertility in the process of integration exceeds the private domain and becomes a political issue that needs adequate attention and action.

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Introduction

What happens to a woman who conceptualizes her gender and her fertility in a certain way when she moves from one social, cultural and political environment to another, characterized by disparate social constructions of gender and fertility? What factors encourage her to keep the previously structured identity? What factors force her into a re-construction or acculturation of her gender role and, therefore, a different conception of her fertility? How does she negotiate these double expectations? What support does she need in order to be successful in that process?

These questions, identified through a thorough community work[i] are in the focus of the research project "Immigrant Women and Fertility: Rights and Responsibilities". This research was conducted both to complete the academic requirements for the Masters of Arts degree at the Department of Anthropology at the University of Alberta, and to fulfill the obligations to Planned Parenthood Edmonton, the organization that adopted the project and obtained funding from the Status of Women Canada. In that light, "Immigrant Women and Fertility: Right and Responsibilities" brought together all four pillars of the competent community research: identified community need, the professional, academic principles of research conduct, the relevant, client oriented non-profit organization that stood behind the project, and the sufficient financial support to complete it.

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[i] In the pilot project "Immigrant women and sexuality: What do we need to know?" that I have conducted in December, 2005, I interviewed the immigrant women working in the area of settlement, who have identified the issues related to fertility important for the process of integration of immigrant women

Collaboration

These specific circumstances made the research, in some aspects, more challenging. My academic obligations have been supplemented by the additional responsibilities to Planned Parenthood and the funding agency, the Status of Women Canada. On the other hand, my resources became enhanced by hiring the research assistant, **Marie-Rose Bukuba**, who is a former nurse, a survivor from Rwanda, a graduate student, a single mother of eight and a grandmother of four children. She worked endlessly on contacting prospective participants and assisted with data collection. Her thoughtful input was crucial in many situations. Her French language skills and community connections enabled me to reach the newly established population of French-speaking Africans in Edmonton. Complementing each other, Mama Marie, as she is known in the community, and I made an efficient and competent team.

The project funding enabled me also to cover some expenses (for example, the costs of the transportation for the research team and participants, interpretation services, etc.), making the whole research experience less stressful. As an employee of the Planned Parenthood, I was able to provide the professional help to the participants of the project who required information on birth control and/or the assistance in accessing affordable contraceptives. This opportunity gave a chance to the participants to meet their needs as well as enabled me to spend additional time with them learning more about their life circumstances.

In all, the experience of balancing the expectations of academia, the organization, the community and the funding agency was inspiring, encouraging and convenient. As a researcher and project supervisor, I felt supported and trusted by all involved players.

Fertility

In every society, fertility is perceived to be the important element of female gender fulfilment. Women conceptualise their reproductive role based on social,

political and economical expectations of the society they live in. In many cultures, fertility is understood, not only as a way to secure procreation within a family, but also as a responsibility for the broader collective welfare. The idea of family prestige, economic wellbeing, and/or political enhancement plays a significant role in shaping the concept of female fertility. For its importance for the collective, fertility is established as the basic criterion in measuring female accomplishments, and as such, exists at the heart of social interest. For women, such an approach to their fertility is fundamental for their social recognition and personal status as well as the grounds for constant pressures to advance their reproductive performance (Ginsburg and Rapp 1995; Nagar 2000; Perce 1995; Petchesky and Judd 1998; Yuval-Davis 2000).

In a process of migration, change, and integration into a different, modern state society, the women face expectations based on different criteria. Instead of a holistic mélange of private and public affairs, they find that the social life is highly compartmentalized. The matter of childbearing is transferred from the center of social interest into the realm of privacy and 'personal' choices. The programmed integration for immigrant women, mostly gender blind and operating from the mainstream prospective, do not take the important element of female fertility into serious consideration. As a result, immigrant women often struggle with identity crisis, as well as marital and health problems caused by the overwhelming responsibilities of bearing the children, taking care of the family and fitting into the new society by attending school or working (Foner 2001; Kibria 2000).

Reproductive rights and responsibilities of immigrant women are challenging and not thoroughly explored issues related to integration of newcomers and their adaptation to Canadian society. Perceived to be a private matter, fertility is rarely addressed in public. However, it involves often painful re-construction of women's social and cultural status and re-conceptualising of their gender identity. Therefore, the importance of the fertility and reproductive rights and responsibilities exceeds strictly private domain and becomes a political issue that needs adequate attention and action.

Meaning of 'immigrant women'

'Immigrant women' are identified as "the first generation made up of women born abroad" (Bélanger and Stéphane 2003: 130). This broad definition mostly covers the legal status of immigrant women, but does not capture the real implications of their social, economic and political status. Immigration does not happen only as a physical relocation from one country and language to another. According to the same source, 80% of recent immigrants to Canada are coming from 'third world' countries; in other words, from developing countries of Asia (including the Middle East), the Caribbean, Central and South America and Africa (Bélanger and Stéphane 2003). The migratory journey for individuals from these countries exists on several levels. Vijay Agnew, the Director of the Center for Feminist Research at York University explains her understanding of the term "immigrant women":

> *In everyday usage, it is commonly understood to focus on their lack of English language facility and their working-class status. Although there is no consensus on the most appropriate way to refer to them, it is useful to group immigrant women from Asia, African and the Caribbean together for the intersection of gender, race, and class, to create commonalities of experience among them, and to provide useful cross-cultural comparisons (Agnew 2002).*

In this research project, I focused on the women born abroad, in the countries with significantly high birth rates, who arrived to Canada between three and ten years ago. The participants of the research are African, Haitian and Kurdish women, the visible minority women who as newcomers, despite belonging to different social classes and/or having a different level of education in their home countries, share similar experiences including a "triple burden: gender inequalities [are] compound by discrimination on the basis of class and race/ ethnicity" (Foner 2001:1) upon immigration. Therefore, the term 'immigrant women' in the context of this research carries the notion not just of ethno-cultural background profoundly different from the Canadian one, but also the connotations of the specific social, economic and political status imposed on women coming from these specific backgrounds.

Outline of the thesis

This thesis is divided in seven chapters. Chapter I summarizes the existing research on immigrant women, gender and fertility. In cross-cultural comparison, I search for the meaning of fertility and find the answers mostly in feminist anthropological research of Marxist provenance that perceives fertility as a complex social and political activity, central to the reproduction of social life.

In Chapter II I explain my choice of methods of data collection that included group discussions, individual interviews and observations. The collected information has been interpreted by analyzing the discourse - what has been said and how it has been said. In that analysis, I was searching for areas of participants' strength and power as well areas of struggle and weakness. I was focusing on similarities among experiences to determine the common ground for a possible action for change in the future but also on individual differences that enabled me to see the participants in the wholeness of their personal circumstances.

In Chapter III, I position myself as the researcher who carries the intellectual and experiential baggage of being a survivor from the Balkans, an immigrant woman in Canada, a mother, an anthropologist and a *zoon politicon*. All these aspects of my identity situate me into an ambivalent situation of being and not being the anthropological 'Other'. From my point of view, this position, although puzzling at times, enabled me to see the issues from two different perspectives. For the respondents, I believe, the ambiguity of where I belong did not exist: I was undoubtedly the outsider, though friendly and supportive; they pointed that out without any hesitation.

In Chapter IV, I refer to the portion of discussions with the respondents that reflects their memories of the role of the woman, man, family and community in their home countries and implications of these roles on female fertility. The respondents define fertility as the most important element in gender fulfillment that is under constant scrutiny personified often in entities such as nature and god, ethnic group, community, extended family, especially the mother-in-law, husband and the woman herself. The existing pressure to maintain fertility in a socially desirable manner is

counterbalanced with the social support that provides the women with the sense of belonging, shared responsibilities, and social recognition.

In Chapter V, on the other hand, women speak about the changed concept of fertility as a result of immigration to Canada. The feelings of social isolation, discrimination and pressure to accept the mainstream norms of conduct related to fertility clash with the motivation to integrate, enhance their individual power within the family, and accept the change that leads towards improving the standard of living.

As a consequence of these identified areas of conflict in the process of integration for immigrant women, Chapter VI offers the plan for future development of the project. It proposes the development of a network of women in the community that includes mutual support and education on contraceptives and other resources, when required. It suggests that agencies serving immigrant women collaborate in order to influence decisions of the policy makers on the provincial and federal level. As the final result of that effort, the existing programs and services for immigrant women should recognize the component of female reproductive health as vital for successful integration and incorporate this into their curriculum.

The project "Immigrant Women and Fertility: Rights and Responsibilities" does not end with the conclusion of this research paper. It continues to live, obtaining the form of the social activism that includes the participation of the women involved in the project, the community stakeholders, Status of Women Canada which showed its interest to continue with its support, and the researcher herself, with the common goal of recognizing the fertile body of immigrant woman as distinctive and requiring an adequate social and political approach.

Chapter I

Theoretical Background

In this chapter, I present some of the existing research on immigrant women, gender and fertility. The topics have been thoroughly explored as separate issues. In addition, feminist anthropologists have enthusiastically delved into the correlation of immigration, gender and, sporadically, sexuality, leaving the issue of fertility in the domain of demography. The subject of living experiences of women in the context of immigration, gender and reproduction transformation is still waiting for full fledged academic recognition. This research is a contribution towards that goal.

About immigrant women

The topic of immigrant women has only relatively recently become a focus of social research. In the 1920s and 1930s, when interest in issues of immigration became more visible in the New World, the predominant interest was on the male component of the phenomenon. In the United States, for example, the Chicago School of Sociology focused on patterns of adaptation, acculturation, and assimilation by different immigrant communities into larger American society (Simon 2001: viii).

The research concentrating specifically on immigrant women finally emerged in the 1970s and early 1980s. Starting from "adding women to existing migration research" (Willis and Yeoh 2000: xi), studies on immigrant women began gradually,

from recognizing lives of some remarkable women and their contributions toward writing histories of ethnic collectives (Jewish, Italian, Cuban, etc. women) to the role of women in the family, educational and religious organizations (Gabaccia 1991). In the nineties, the emphasis of research was concentrated more on diversity among immigrant women (gender, class and race/ethnicity) and individual differences within existing economic and political realities (Espin 1999; Espiritu 2001; Willis and Yeoh 2000).

Just recently, it has been recognized that approximately 80% of all refugees and half of all independent migrants are women and their children (UN in Boyd 2001). Despite these numbers, immigrant women enter the new country as spouses rather than as principal applicants (Boyd 2001: 103). Although immigrant women are more likely to have less education and less work experience than male counterparts (Boyd 2001: 121), they are more likely to obtain work in the new country before their partners, because the demand for unskilled low paid labour force is still high in the Western world (Buijs 1993; Kibria 2000). Consequently, gender relations in immigrant families are a subject of transformation (Pessar 2000; Willis and Yeoh 2000). Pre-migration gender-role patterns and ideologies, though, do not simply disappear; they continue to affect the lives of immigrant women by adding new challenges of racial and social oppression. Therefore, feminist scholars state that immigration often leads to losses as well as gains for women, and that patriarchal practices often continue to have an impact on women's lives (Espiritu 2001; Foner 2001; Kibria 2000).

Sexuality of immigrant women and their experience of the body as "an ever-changing biological entity that is socially-constructed and situated, gendered, and subject to the effects of control evidenced by the body politics" (Spitzer 1998: 11), mirror the turbulence of social changes. Some writers believe that "the crossing of borders through immigration provides a space and 'permission' to cross boundaries and transform their sexuality and sex roles" (Espin 1999: 5). Some other authors argue that immigrant women in their communities are perceived as the "gatekeepers" of native culture and traditional decency. Their controlled sexuality and enforced purity are constructed as morally superior to the liberated and 'promiscuous' sexuality of the host society (Espiritu 2001; Kibria 2000; Nagar 2000). In any case, there are strong social pressures coming from outside of the ethnic-cultural communities tied with women's intensive involvement in a public arena (school, work). Immigrant

women are forced to challenge their roles and, consequently, their reproductive behaviors. Although the ideology of official multiculturalism, in Canada introduced in the seventies by the controversial prime-minister Pierre Trudeau, is based on fostering cultural maintenance of language, ethnicity and religion (Driedger 1996), the dominance of and strong limitations imposed by the dominant culture persist and strongly affect the lives of immigrant women, their bodies, their sexuality and, consequently, their fertility.

Importance of feminist anthropological research on fertility

In the past two decades, feminist anthropologists have taken a closer look into issues of women's fertility and related issues including pregnancy, medicalization of pregnancy, pregnancy loss, use of reproductive technologies within different cultural settings - Western societies, black and other minority communities in the Western world, and developing countries (Rapp 2001). Authors such as Ginsburg and Rapp (1991; 1995), Petchesky (1995), and Browner (2001) employed a Marxist approach and perceived biological reproduction as a complex social activity, separate and distinct from the activity of child rearing and central to the reproduction of social life.

> By using reproduction as an entry point to the study of social life, we can see how cultures are produced as people imagine and enable the creation of the next generation, most directly through the nurturance of children. But, it has been anthropology's longstanding contribution that social reproduction entails much more them literal procreation as children are born into complex social arrangements through which legacies of property, positions, rights, and values are negotiated over time.
>
> (Ginsburg and Rapp 1995: 1-2)

Feminist anthropologists criticized the fact that the knowledge about fertility, and social policies emerging from that knowledge and created to affect fertility across the world, rest on research done by demographers and human biologists (Ginsburg

and Rapp 1995; Greenalgh 1995). It has been argued that these disciplines have taken a narrow approach to the issue of fertility by ignoring the complexity of relations and factors involved in reproductive decisions. From the mid 1980s, feminist anthropological thought has been focused on "politics of reproductive processes, and its implications for gender and cultural construction of the body, sexuality and procreation" (Greenalgh 1995: 4). Collins (1990), Martin (1992), Ginsburg and Rapp (1995), Lock and Kaufert (1998), Petchesky and Judd (1998) and many other authors have taken a holistic approach to the issue of fertility by asking questions such as: how is agency constituted and how does it influence reproductive dynamics?; how is a female personhood constituted in regard to fertility?; how is gender shaped and re-shaped through reproduction and its control?; finally, how is the power and resistance played out in the context of agency. Inspired by these general questions, I designed the research on immigrant women and fertility to develop a broader understanding of complexity of reproduction in the context of cultural, political and economical transition from one society to the other.

Many authors speak about an enormous importance of women's fertility in almost every known society (Becker 2000; Browner 2001; Ginsburg and Rapp 1995; Handwerker 1998; Jeffrey and Jefrey 1996; Perce 1995; Petchesky and Judd 1998; Wembah - Rashid 1996; Winkvist 1996). In most cultures, women are valued for their reproductive capacities and they bear the major responsibility of supplying offspring for next generation. In a documentary film "Something like a War", rural Indian women state that they are "defined by their womb". They value their fertility as a "power to create a new life" (D & N Production 1993). Female respondents in Southeast Tanzania perceive pregnancy as "the blessing that human beings receive from God" (Wembah-Rashid 1996: 90). An anthropologist doing research in Cameroon reports that "society expects the childless woman to be persistent in her efforts to conceive and deliver baby" (Njikam Savage 1996: 103). One has a similar impression after reading Becker's book on new technologies used in treating infertility in USA. A story of one respondent undergoing the *in vitro* treatment summarizes many voices when she says that she feels "somehow at fault, because if she is willing to try hard enough, she would have them [children]" (Becker 2000: 193). Perce, in her research on women's reproductive practices in Nigeria, reports that a barren woman is "worthless to her husband's family, a burden to the lineage, and the enemy of her mother-in-law" (Perce 1995: 199). On the other hand, "much of the

coercion and exploitation to which women have been subjected has centered around their reproductive biology" (Handwerker 1998: 8): clitoridectomy, menstrual taboos that limit women from social, political and economic participation in the society, and food taboos during pregnancy. Finally, women's fertility could be turned into a political weapon. As Papic argues, the ruling elite in Serbia in the 1990s believed that:

> Their [women's] primary task is to bring into this world as many Serbian children as possible, and in the final consequence, it is their 'national duty' to submit their very bodies to the Nation in order to start a long-term fertility war against Albanian women.
>
> (Papic 1999: 162)

These research findings do not just shed light on the importance of women's fertility across the cultures as a deeply gendered process that reflects relations of existing power and inequality within society; they also reveal the forces that are involved as more or less visible agents in creating and reinforcing the importance of reproduction.

Immigrant women and fertility

None of the anthropological literature on fertility that I am referring to speaks specifically about immigrant women's experiences. However, there are existing data in the domain of demography that one exploring that particular field should be aware of. For example, a very interesting study has been done by Abassi - Shavazi and McDonald on immigrant fertility in Australia in the period 1977 – 1991. The authors report that, according to the adaptation theory, the fertility of the most immigrants groups has converged to, or fallen bellow, that of the host society. "As time goes by, only a small fraction of migrant women are likely to have higher fertility than Australian born women" (Abbasi – Shavazi and McDonald 2000: 221). However, after studying immigrant women from six different ethnic communities, they found that

ethnic groups, such as Greek Australians, who kept a very strong 'core culture', and desire to maintain their Greek identity, are more likely to resist the adaptation in fertility to mainstream society. Both first and second-generation Greeks in Australia have displayed surprisingly similar fertility patterns to Greeks in Greece, perhaps indicating a continuity of cultural influence of the country of origin in Greek communities in Australia (Abbasi – Shavazi and McDonald 2000: 231).

Here, at home, the Report on the Demographic Situation in Canada 2002 (Bélanger and Stéphane 2003) provides data on fertility of immigrant women and their Canadian-born daughters. The report states that until the early 1980s, the majority of immigrants coming to Canada were from European countries where fertility was lower than in Canada. Since then, the majority of immigrants have tended to come from countries with higher fertility. Over the period from 1976 to 2001, the total fertility rate (TFR, or number of children each woman bears on average) for Canadian-born women decreased by 10%, from 1.64 to 1.47. In the same period, TFR for women born abroad also went down by 10%, from 2.03 to 1.82 (Bélanger and Stéphane 2003: 135). However, among the immigrant women, the lowest TFR for the period 1996-2001 is for the East European women (1.34), and the highest TFR is for women from Africa (2.38, which represents the increase of 25% during the 1990s) (Bélanger and Stéphane 2003: 137). The study also measured the changes in fertility during the number of years since immigration. It shows that the "fertility of immigrant women is very high during the period immediately following their arrival in Canada and definitely higher than prior to immigrating to Canada. It falls substantially during the following period, after which it declines more slowly" (Bélanger and Stéphane 2003: 140 -141). In the theory of demography, this is called "the disruptive effect of immigration on fertility" (Ng and Nault in Bélanger and Stéphane 2003: 142), and it is greater for non-European women than for Europeans.

The review of the literature on immigration, gender and fertility leads one to the conclusion that these subjects have not yet merged into an integrated anthropological topic. Fertility has been accurately defined by the feminist anthropologists as an elaborate social and political activity, vital to creation of social life. In the context of immigration, the subject has been mostly explored by demographers, leaving the room for anthropologists to explore in more depth the consequences of physical and cultural relocation on women's experience of gender and fertility.

Chapter II

About the Research

In the research project "Immigrant Women and Fertility: Rights and Responsibilities", I focus on: capturing the essence of immigrant women's experiences related to reproduction and integration; understanding the meanings of these experiences, and, with the active assistance of the respondents in the study, articulating the recommendations directed to improve the existing policies related to integration of immigrant women. I regarded the experiences of the respondents in the study as authentic, reliable and significant knowledge that, in a collaborative effort, needs to be channelled and directed into the mainstream system and institutions that have power over and affect on the lives of immigrant women.

Objectives

I approached the phenomenon of immigrant women's fertility as a complex subject that is crucial, but often obscured in the whole process of adaptation and integration into a new society. It implicates women's understanding of their bodies and individual needs, as well as their gender role, and how they alter it as a result of cultural, political and socio-economic changes. It calls also for recognizing different agents invested in the issue (mainstream society and its institutions of power, nation, ethnicity or tribe of origin, local ethnic community, extended family, marital partners

and finally, the woman's own agency), and their different, sometimes, conflicting interests and expectations.

The main objectives of this study are to establish answers to the following questions:

- How do immigrant women as individuals conceptualize and experience their gender and fertility in a process of social and cultural adaptation to a new society?
- What factors/agents do immigrant women see as dominant influences in that process?
- How do immigrant women negotiate between different, often conflicting factors/agents that influence their gender and fertility?
- What kind of social support do immigrant women need in order to successfully negotiate their gender and fertility?

Criteria

To be able to reflect upon these questions, the participants were expected to meet following basic criteria. Women had to arrive in Canada:

a) with their families (parents, husbands, and/or children);

b) from any country with a birth rate significantly higher than in Canada;

c) between three and ten years prior to the beginning of the research.

By establishing these criteria, I was ensuring that the participant's gender role has already been shaped by her culture/society of origin; consequently, that the participant had accepted certain values and concepts related to fertility as well as her rights and responsibilities in regards to fertility. Having spent more than three years in Canada, the participant was assumed to have sufficient time to understand and reflect upon changes related to the fertility that happened as a result of immigration and life in altered cultural, political, and economic circumstances.

Selection of participants

The women represented in this study are self-selected: they are individuals who showed the interest in, and shared concerns, about the status of immigrant women. They volunteered to participate in the study after the goals of the research were discussed with them.

In the process of searching for suitable candidates, the most successful strategy appeared to be the one based on utilizing some of the valuable relationships I have built in the past several years with women working with immigrant women. These colleagues were very appreciative and supportive of this project from its very beginning. They have been able to engage the women in their communities and organize them into groups. Snowball sampling was used in the French-speaking African community: the research assistant used her personal contacts and tried to 'promote' the project in every suitable situation. The least helpful strategy was contacting the leaders of some of the immigrant women's group in Edmonton with which I did not have previously established contacts. Some of the group leaders were suspicious about the project and did not see any significance for the women in their communities. For some, after the initial enthusiasm and many phone calls, lack of time and interest became reasons to give up.

Demographics

The women participated in the study were divided in four groups. The first group included women from Sudan (**Maya, Moyo, Ann, Anna, Lisa, Nancy, Maria**), Eritrea (**Ruth**) and Ethiopia (**Mary**). They are the women who meet regularly as a group at the Catholic Social Services in Edmonton. The second group included French speaking African women from Rwanda (**Lilly** and **Martine**), Democratic Republic of Congo (**Lola** and **Zoe**), Burundi (**Linda**) and Zambia (**Celene**). The third group discussion involved participants from Iraq (of Kurdish ethnic origin): **Amra**,

Selma and **Azra**. Finally, the last group consisted of the women from Haiti: **Gaby**, **Naike** and **Angie**[ii].

The majority of participants (17) arrived to Canada between 1998 and 2001. Their age ranges from 25 to 48, with the majority in their thirties. They are all, except one, currently married. One woman did not have children at the time of the research, and one was pregnant with her first child. Other women have between one and eight children, with the majority (13 participants) having three or fewer children. Their education and occupation is showed in the table below (Table 1).

Education			
No formal education	Elementary school	High school	College/University
3	1	7	10
Occupation (before immigration)			
Stay-at home	Work outside of home	Student	
8	10	3	
Occupation (after immigration)			
Stay-at home	Work outside of home	Student	Work outside of home and student	Volunteer
6	7	6	1	1

Table 1: Education and Occupation of Participants

To the question of how they would define the quality of their life in Canada comparing to the situation before immigration, eight women reported that they are better off, two that they are the same, nine reported that they are worse off, and two did not respond to the question.

The confidentiality oath allows me to present only sketchy demographic information about the participants. The communities in Edmonton are too small, and the members know each other well, so every detail can reveal the identity of the person. My hope is that in the chapters that follow, the reader will learn about the women through their individual testimonies, humour and wisdom.

[ii] All names are pseudonyms.

The question of language

On two occasions, I used the service of an interpreter. The women from Kurdistan did not speak sufficient English to be able to sustain the conversation, so I asked for the help of a community worker who assisted also in organizing the group. In the group of Haitian women, one of them spoke only French. The research assistant helped me out in this situation. The rest of the respondents were fluent enough in English to participate in the conversation. However, the problem with language has not just been limited to the use of the interpreter. After much thought, I decided to edit, to some degree, the quoted women's statements. On one hand, I do believe that the language mistakes and grammatical imperfections are part of one's identity and certainly, for immigrant women, they are an important indicator and determinant of their social and political status. Therefore, the authentic statements are crucial for this research. However, I opted for the edited version in circumstances when I sensed that limitations in linguistic eloquence would shift the focus of the reader from what has been said to how it has been said. I am aware that by making this decision the research is somewhat losing the accuracy and originality of the discourse. Yet, this research is focused primarily on respondents' ideas and less on how these ideas were shaped by common language of communication. Therefore, the argument for editing appears justified.

Data collection

Being an immigrant woman myself, living and working in Edmonton, where I conducted the study, I did not need to leave my ordinary everyday life and step into the land unknown. Staying in my own and familiar environment, I carved the 'fieldwork' out of my existing reality. As some urban anthropologists have already reported (Martin 1992; Spitzer 1998), such fieldwork does not allow one to distance oneself physically or emotionally, to take a break or simply to go home to one's real life.

In such circumstances, it is difficult to define when actual data collection started and when it finished. My professional experience in working with immigrant women started long before the formal beginning of the research. It continued after the data collection was completed. The opportunity to discuss the gender and fertility in the process of transition gave the necessary stimulation to some of the groups and individuals that led to the individual action and community mobilization. These actions forced me to stay engaged in the process that we initiated together and go beyond data collected for academic purposes. With some of the women, I continued to meet regularly, assisting with the resources mostly related to family planning. Some of the respondents still talk to me about the changes in their lives: Anna and Linda, pregnant at the time when they participated in the research, have newborns; Maya is back to school, doing her practicum; Lisa, who was considering birth control when we met, opted for IUD and talked to me about the side effects; Zoe joined the professional association and works towards the recognition of her credentials. In a way, the fieldwork has never stopped despite of formally completed data collection.

Having realized that, I had to choose the method of data collection that will preserve the authenticity of the circumstances under which the study was conducted. Therefore, I followed the format of group gathering that some women previously have already established as a way of mutual support turning it into a group discussion. This method allowed me a delicate transition from the informal gatherings that women were used to towards the formal dialogue that allowed me to collect the data. The atmosphere was casual enough to include food, coffee and tea on the table, children who were coming in and out from the other room and women who were breastfeeding and attending babies. However, the presence of the tape recorder, consent forms as well as a suggested order of topics, gave the tone of formality that stimulated participants to reflect on their experiences. At any time, the participants had the freedom to correct my assumptions or re-direct the stream of the discussion towards the issues that they believed were more relevant.

Individual interviews were used as the additional tool. They served the purpose of more personal interaction and a chance for exploring some of the issues that I sensed during the group discussions as important but not suitable for the group setting. For that reason, I did not have a prepared questionnaire but only the list of topics I wanted to explore, different for every interview. Interviews were held at participants' homes. The questions were not uniformed for all interviewed participants

or formally structured. Both group discussions and interviews were tape-recorded and transcribed.

Finally, with some of the women I spent time either meeting them at different community events, visiting them at home, accompanying them to the Birth Control Clinic, or talking on the phone with them. That gave me the opportunity to observe other aspects of their lives, and learn about their family circumstances.

Data analysis

In the study, the women are hidden behind the pseudonyms; their stories are fragmented and threatened by *my* analysis and *my* understanding of their experiences. Many of the events and impressions I have witnessed during the time I have spent working on the research will stay only in my memory. The words of an angry husband accusing me of conspiring with his wife and my fear of him; the sounds of crying babies; the smell of used furniture, poverty and spilled milk; the gaze of the people on the photos hanging on the walls, reminding the viewer of some other, maybe happier times…all that will not find their place on the pages that follow. These experiences, enmeshed with my emotional reactions to them, will be excluded from the analysis. It is not because I do not see them clearly as valuable data, but because my focus is on what the women said, how they related to their stories, and sometimes what they avoided to say. I pay attention to their emotions: frustrations, sorrow, irony, and humour. I search for the signs of their power and strengths and the areas of struggle and vulnerability. I am aware and respectful of the differences among them: educated women, illiterate women, young women, mature women, black women, veiled women, political immigrants, refugees. I enjoy dissonance among their individual statements, or sometimes, within the statement of one person. While I am listening to them, I imagine the "Forty-Part Motet", the installation of the artist Janet Cardiff: forty speakers placed around the room that produce forty separately recorded voices; when entering the room, you hear the magnificent polyphonic sound of the 16th century piece; when you come closer to any of the speakers, you hear a separate voice, different from the overriding music of the motet. With this work the artist "allows the sound to be heard as a changing construct"

(Cardiff 2001). This is how I hear the voices of the women in the study. Individually, the women are so different, and by coming closer to any of them, the construction of the whole "story" tends to take a different shape and direction. For example, Selma spent all her adult life in the refugee camp. She has never learned how to read or write. Naike, being the same age as Selma, is a professional woman who mourns her lost social privileges. They are different in every aspect of their lives, except one: they are going through severe personal, cultural, economical, and political transformation. Their identities are under constant threat of being altered. How are they dealing with that? I am searching for the common ground between them and the other women. That common ground I define as a transition. The transition is not a clean, linear and uniform "progress" of a programmed integration and change. It is a messy, dynamic, contested and conflicting time of living and understanding, rejecting and accepting the change of identity, gender, body and mind. What Moyo sees as an attractive challenge during one dialogue, she interprets later as a threat. Maya's strong pro-active effort to control her fertility within days turned into a passive acceptance of a given reality defined by her husband, and then turned again into an act of rebellion to that reality, leaving the question open of what she will do next.

I want to maintain the dynamic of conflicting agencies that emerged during my encounters with the women. In that manner, I believe that I will be a loyal counterpart to them. I want to articulate the womanhood, immigration and fertility as a complex social, political and cultural phenomenon. I want also to meet the challenge that the women confronted me with and communicate their expectations in a way that will make sense to those in power that create policies and rules around immigrant women. In doing so, I am aware that I have to insist on commonalities among women, on harmonizing and focusing their voices into a few precisely formulated 'recommendations'. So, on the pages that are coming, my challenge is to be a 'composer' who can create intelligible music that will communicate the important message about immigration, women, fertility and change, but also a listener of individual voices that carry their own life and their own story.

Chapter III

Situating the Self

How one can reflect upon one's self and avoid fruitless, psychotherapeutic solipsism? Or, even worse, a false representation caused by distorted, emotional perception of one's own experience?

I have searched the literature in a desperate effort to find the theoretical principles that will help me to position and reflect upon myself correctly, authentically and, more importantly, constructively, within the context of the research I was doing and broader, within the discipline of anthropology. It was not easy and not because of the lack of available resources. Recently, the issue of reflexivity in anthropology was explored thoroughly. It was because my understanding of myself as a person and researcher in the field of social studies was constructed in the specific historical, political, social and cultural circumstances, and corresponds only roughly with what the existing theoretical framework might offer me as a support.

I could grasp effortlessly at the historical background of the problem that the role of the researcher has created in the field of anthropology. The anthropologist, in the process of fast-track development, had first lost her/his protective colonial patron; then, thanks to the creation of new nation-states from the former colonies, s/he has lost the freedom and arrogance to move wherever s/he wants without the barriers of colonial bureaucracy. Then, s/he has got her/his 'bitter' counterpart coming from the "third world" to be accountable to (Obeyesekere 1997; Said 1994). Finally, the anthropologist was challenged to accept that "objective, neutral knowledge of another culture (or any aspect of the world) is impossible" (McGee and Warms 2000: 517).

Too much to cope with in less then a century! No wonder that newly enforced solitude that anthropologist was doomed to result in a new mantra of anthropology - reflexivity.

> Confronted with this paralyzing uncertainty, the response of some anthropologists has been to turn their gaze inwards, towards reflexivity, selfhood and the literary analysis of social scientific texts, particularly ethnographic writing, as a central problem of the discipline.
>
> (Ahmed and Shore 1995:15)

The problem, though, did not stop there. Shore questioned the existence of critical self-awareness in using the reflexive approach in anthropology and the lack of the "objectification of self" among anthropologists (Shore 1999). Probyn worries about what is considered as reflexive anthropology, arguing that the reflexive approach is not the same as egocentric monologue that occurs by mechanically inserting the self into the story (Probyn 1993). She believes that "we need to ask what exactly a self reflecting self is reflecting upon" and "where the self is positioned and whether it is a textual or physical entity" (Probyn 1993. 62). Kulick compares the self of an anthropologist as "a politically situated discursive arrangement" (Kulick 1995:16) against the definition of self as 'an autonomous and independent entity that "strives to maintain the sense of continuity, coherence and integrity" (Wengle in Kulick 1995: 16). Bourdieu comes much closer to the resolution, offering more practical technique that he modestly calls a "device" (Bourdieu 2003: 281). He suggests:

> For what has to be questioned is not only this reactivated past but one's entire relation to this past (...) Only a genuine socio-analysis of this relation, profoundly obscure to itself, can enable us to achieve the kind of reconciliation of the researcher with himself, and his social properties, that a liberating anamnesis produces.
>
> (Bourdieu 2003: 292)

What I am going to do in this chapter is to follow the master's advice. I will look into some significant moments of my past, created under the particular political,

cultural and social conditions that I find crucial in constructing, not just my persona, but the reasons for, and my reservations about the field I entered and research I have done, the reasons that co-exist in paradoxical but creative symbiosis of doing and living anthropology. While I am doing that, I am aware that one's relationship with the past could go into two directions: either towards a restorative or reflective nostalgia (Boym 2001). Restorative nostalgia "dwells in algia, in longing and loss, the imperfect process of remembrance" (Boym 2001: 41). I am choosing the other one, reflective approach that "can be humorous and ironic" (Boym 2001: 41) and that reveals that remembering and critical thinking are not opposed to one another as "affective memories do not absolve one from compassion, judgment or critical reflection." (Boym 2001: 49-50)

I am from the Balkans

Before the war on Balkans, in the European context, the people from my country were perceived as Eastern Europeans and qualified as a specific sort of "other": European, white, for the most part Christian, but still - "different". The historian Wolff describes:

> It was Western Europe that invented Eastern Europe as its complementary other half in the eighteenth century, the age of Enlightenment. [...] It [then] appropriated to itself the new notion of "civilization," [which] discovered as its complement, within the same continent, the shadowed lands of backwardness, even barbarism. [...] It has flourished as an idea of extraordinary potency since the eighteenth century, neatly dovetailing in our own times with the rhetoric and realities of the Cold War, but also certain to outlive the collapse of Communism, surviving in the public culture and its mental maps.
>
> (Wolff 1994:4)

The same notion of otherness has continued after the fall of the Berlin Wall. For example, recently, according to a Globe and Mail correspondent, the British

economists almost completely attribute the surprisingly low inflation rate in Britain to the huge influx of migrant labourers, many of them East Europeans, who work for low wages and live "underground, unofficial lives, devoid of inclusively, diversity, quality of life, sustainability, deep play or universal human rights" (Saunders 2004: F3). Bhabha and Shutters speak about the perceived 'threat' to the "European way of life" coming from the "countries whose peoples were formerly conveniently kept away by the Iron Curtain, Russia, Bulgaria, Romania and the war-torn Balkans." (Bhabha and Shutters 1994: 9)

The war in former Yugoslavia, especially the scenes of bloody massacres on the streets of my home city Sarajevo, petrified politicians, saddened ordinary TV audience, and intrigued intellectuals of the world bored by the uneventful eighties. In the midst of the war, in the starving city without electricity and water, Susan Sontag, the recently deceased American intellectual, directed the play "Waiting for Godot" in the Chamber Theatre '55 in Sarajevo, the very same place where I, as the child of actor parents, spent the best days of my childhood. Philosopher Bernard-Henri Levy made a documentary about the siege of Sarajevo, in which my best friend, the art gallery curator Nermina Zildzo, appears as a leading character and narrator. The accomplished Norwegian anthropologist Tone Bringa (Caplan 2002) went to the small Bosnian village several times to observe the relationship between different ethnic communities, before and during the war. She reported on the dynamics of relationship between the people she observed: the change from being neighbours and friends to worst enemies ready to kill each other. While Bringa was working on her research on friendship, a book was sitting on my shelf in my home in Sarajevo. The author of the book, who signed it before the beginning of the war ("To Tatjana and Bojan, as a token of friendship..."), became a member of the political elite that ordered the siege and killing of the people of Sarajevo.

As a citizen of my country and the participant of the events around me, I was identified with the collective 'other', 'the people from the Balkans', and as such, objectified, observed, analyzed, glorified or manipulated. I felt as if my life was turned into a metaphor, and I did not have a power to change or correct the existing assumptions. Somebody else, intellectuals, writers, researchers, journalists, media, and politicians, often not without empathy and knowledge, had the control and authority to transform the human (tragic) experience into a representation, metaphor or research topic. While they were trying to explain my life, I was living my life.

I cannot say that the experience of being on the side of 'the other' necessarily makes me a better researcher. I do believe, though, that it places me in a different position; gives me more space to create the common ground for understanding, and ability to find the common point of reference that the researcher and the researched should share. Finally, it enables me to at least sense the danger of the 'representations', if not completely avoid them, as the supplement for the real life experiences.

I am the immigrant

Migration to Canada exposed me to a new kind of "otherness" that Nina Toren explains: "The 'otherness' of outsiders is constructed and nurtured by stereotypes and their externalization serves to legitimize their differential treatment" (Toren 2001: 178). I found myself belonging to a rigid, artificial, not really comfortable, but still intellectually intriguing category of 'immigrant women'. It is rigid, because once you are there, you cannot leave no matter what you do. The speech or appearance is always a defining and defeating factor. It is artificial, because it simulates uniformity and neutrality while masking diversity of ethnicity, race, class, and different powers emerging from these characteristics. It is uncomfortable because it is too narrow and claustrophobic for a person to be defined by it. "This is Tatjana and she is from Bosnia!" is a phrase that follows me wherever I go and always inspires me to think of new and more sarcastic responses; it is intriguing because of intensive dynamics of forced transformation and resistance to them that happen in women's lives in a relatively short period of time. Examples include very banal changes in behavior that my mother, who visits me once in a while, sees as a betrayal of her teachings on how to be a 'good woman' but also the crucial changes such as detachment from once important elements of my identity, such as ethnicity, strictly defined gender and family roles, or professional vocation.

Having the opportunity to explore and understand the complexity of the changes and their different effects on each individual woman can help to 'open the box' and see the immigrant women as persons who can explain themselves and demand the changes.

At this point, it is important to report that regardless of my experience of being a refugee and immigrant, from the very beginning I was aware that my presence in the study, not just as the researcher (who has a personal ambition to complete the project successfully), but as a white and "Western" looking woman, created a distance from the rest of the participants. Some of the African participants were very clear in referring to me as the 'white skin' and giving the strong message that I belong to the 'other side'. I cannot say that I was comfortable with the given position, but I appreciated firm honesty in defining my status.

I am the mother

While conducting the research, the women often asked me how many children do I have. My answer always produces the same response, and so it was with Lola. We just finished the interview in which she was defensively explaining her decision of having "only" two children. While I was escorting her to the bus stop, she said, "So, how many do you have?" "One", I said. "One! Only one?" Lola seemed to be shocked. "How come?", she asked. I recited my excuse, so many times repeated, that I was a refugee and poor for too long and finally being too old to have more children. "You know how they say; you can't see with one eye, you can't walk on one foot", she said, and continued: "But you are still young, you can still do it". I did not say anything. I did not know how to explain how convenient it was for me to flee from my country and its expectations.

The fact that I am the mother of a single child placed me below the socially desired and expected quota of two children per family. Having less than two was exceptional. Having more than two was perceived as distasteful and out of control. Being without children was pitied. In thirty-six years of living in my country, I have never met a woman who stated that she did not have children by her own choice.

When my son was one year old, the war broke out in former Yugoslavia and the expectations for men and women changed. Overnight, the women were expected to produce children as their patriotic duty to augment the nation. For newly established nationalistic political elites the previous norm of two children per family

was perceived as a result of women's selfishness, and a decline of 'traditional family values' caused by the communist ideology.

Paradoxically, the very same events that brought a fair share of misery into my life liberated me from the concepts of womanhood, motherhood, and fertility that I have difficulties to accept. Sometimes I say that the war that has led to my immigration saved me from my own culture and its demands on my body. As a result of these experiences, I do believe that immigration, with all the troubles, brings the freedom, if not to change, then at least, to have a fresh look at one's self, examine one's identity, and identify the factors that influence that identity. On these premises I based the study of immigrant women and fertility.

I am the anthropologist

So, I am a woman from the Balkans, a war survivor, an immigrant and the mother who decided to twist the roles from the object of research interest to its subject, from the researched to researcher, and become the anthropologist. I used the mixture of unique personal experiences as the 'logic of practice'. I applied the tools of the trade in an effort to change the perception of passive, collective 'other', the immigrant women, into an active group of individuals that seeks its effective recognition. Is it possible? Probably not in its entirety. I see it as a process in which my professional skills as a researcher, my human abilities and past experiences used as intellectual resources will expand and enable me to participate in a time frame that will certainly extend the length of this particular academic episode.

Chapter IV

The Lost World

The tales of the women participating in the study about the life that they have left behind are the focus of this chapter. The tales refer to the role of a woman and wife in their countries of origin, as well as the role of a man and husband, children, extended family and the community; they describe the impact that people, institutions and the social system had on their fertility and their lives as a whole. Alternating nostalgic, humorous, sarcastic and wistful reflections upon and critical analyses of their previous experiences created a dynamic and fluid discourse. While talking about their past, the women made frequent comparisons with their present lives. Going back and forth in time and space, evaluating and assessing their experiences of living in two often radically different social, political and economic environments, they created the crucial physical and emotional distance for such an examination. Such an approach enabled them to identify and formulate the change in their lives, to shape and define the past based on their experience of the present.

In the centre of the universe

Respectful, hard working, obedient, a person who is devoted to her husband, family and community, fertile....these are the traits that the majority of participants define as the characterizing features for the female gender in their countries of origin. The definition of a 'good wife' is not limited to an individual woman and her relationship with her marital partner, but includes other responsibilities to the broader collectivity. Women simultaneously function on different levels of community

involvement combining a private and public domain of life. The individual roles as wives and mothers are defined by their social involvement as active participants in the family and community life as well as by their social and economic contribution that includes producing a desirable number of children and, often, financial contribution through the paid work or dowry. They are restricted by the sexual division of labour, "but in class-divided societies, they are also entangled with divisions based on class" (Petchesky 1984: 10).

In that aspect, Naike, Angie, and Gaby, the émigrés from Haiti, have somewhat different experience than other participants. In their home country, they were professional women from an affluent, urban, middle class background that implied privileges (for example, domestic servants) and the power in decision making within the family, complemented by many responsibilities.

> *The women work more. On the top of the work they have to do at the office, it is the women who do everything. Even if they don't do the domestic work, they are the ones who have the responsibility to make all decisions for the food, laundry, children. The responsibilities are more on mothers than on fathers.* (Gaby)

> *Most of the time it is the mother who will say, we have to do this way; because she is in touch with the real life, like the school, the church. She is involved in more practical decision....* (Angie)

All the respondents report that being the mother is the central point of the realization of gender role. Having children is often used as an instrument to fulfill social, economical, and political aspirations of the different factors involved within the broader collectivity. These factors, the respondents reported, may include god, ethnic group and its political and economic agenda, the local community, the extended family with the mother-in-law as a leading character, the husband and, finally, the woman herself and her own aspirations and biological abilities to reproduce. They seem to be placed around an individual woman in spiral circles, not necessarily all of them, or in the same particular order. They are connected by complex social, political, economic, cultural and spiritual links and "are as likely to be antagonistic as mutually supportive" (Browner 2001: 774).

Gaby, the mother of three children and Linda, the mother of two and pregnant at the time of our conversation, who arrived to Canada as a student from Burundi, were both born in large families. Linda has nine, and Gaby has sixteen siblings. The children, they stated, provide the benefits that went beyond family happiness as the future investment and the way to ensure the prosperity and well being of the family.

> *And it was also blessing to have kids. They can help you. All my brothers and sisters are still there helping the family. (Linda)*

> *When you had a lot of children it was a wealth. .... having a big number of children was a wealth and also a pride for the family... (Gaby)*

When describing the importance of women's fertility, Lisa and Moyo, from Sudan, remind us that the children do not only embody the future and the assets of the family, but also of the broader community. Consequently, the women, as "biological" and "ideological reproducers" (Yuval Davis 2000) are key figures in creating the prosperity of the community and in preserving its collective identity and unity.

> *So, a good wife must have lots of children. Yes, because we are caring a new generation, we have to have more children. (Lisa)*

> *The children belong to the community; they have to learn to respect [the community] and to be rising in a way that they will be good children. (Moyo)*

The obligations of the female fertile body concerning the broader collectivity for some women do not stop at the borders of the family or local community. The responsibilities could be stretched as far as to include fertility as women's patriotic duty. Moyo, as well as the Kurdish women, Azra, Amra and Selma, are coming from the situations of war and political upheaval. They speak about the expectation to have children to replace the members that were lost in the conflict. Yet, despite similar experiences, their point of view radically differs. Moyo, the working mother of three, feels sorry that in Canada "*we cannot have more children. We lost lot members of our family and now we cannot replace them because of the hard situation here.*" For her,

immigration to Canada does not nullify the feeling of responsibility to her kin to restore the human resource back home. The social and economic barriers related to the process of integration are placed on Moyo's way to accomplish that goal. On the other hand, Amra and Selma, the illiterate women who have spent almost all their adult lives in the refugee camps are very critical about the concept of substituting the lost members of the collectivity. Although they say that they previously had accepted the idea of having more children, "more Kurds" to "defend ourselves", now, from their present perspective, this is not acceptable any more. Amra, the mother of eight children, reflecting on her life in the refugee camp resolutely says: *"I think we were fool to do that; you bring more people without the future"*. Selma, the mother of six, sees clearly the battle of contesting powers in the circumstances of simulated normality of social life (the refugee camp), the power of collective ambitions and the power of individual woman's common sense:

> *Having children is very important… but it is bringing children for nothing. We knew that those children will not have the future…there was no hope for our children to have a good life. In the refugee camp we never have enough support for our children…. But we always were being asked to bring more and more.* (Selma)

Selma's statement shows how women, placed in the center of the universe in regard to their fertility, can be easily removed from that center in the decision making process. "They are often excluded from the collective 'we' of the body of politics and retain an object rather then a subject position" (Yuval-Davis 2000: 47). Women's reproductive ability can be constructed and re-constructed, utilized for political goals if the "specific social, political and economic context" (Tabet in Yuval-Davis 2000: 26) is met, but also altered in its function, if the context changes. More about that change will be explored in the following chapter.

In the circumstances where female fertility functions as an economic, political and social instrument, the number of children is rarely limited. Women in the study describe childbearing in their countries of origin as 'natural', 'blessed, God given' activity.

It was nobody's decision. It was just nature of things. It was just natural thing to do...I don't think somebody had to tell [a woman] to get pregnant or not... (Linda)

[Women] don't know how many [children] they want, they just do... (Zoe)

We don't really plan that we are going to have four or two children. It is natural. (Angie)

Fertility is controlled by post-partum infecundity, breastfeeding, postpartum taboos or natural aging process. The 'modern' birth control methods are used rarely, only "*when you have a lot of children and you want to have a break or with the age you want to stop to have more*" (Gaby). Lola, a nursing assistant and the mother of two, from Congo, reports that spacing between children could have been be as close as one year and often depended on the economic resources of the family. When asked to describe the health of women who frequently had children, the participants state that the women were "healthy" and that they had "lots of social support." Celena, the stay-at-home mother of one child, from Zambia, states that having children "*comes like a normal thing.*" Zoe, the mother of four, who was a gynaecologist in Congo, claims that women back home "*are healthy, they don't suffer from maternity*".

The participants insist that the number of children is not planned. It appears to be a spontaneous activity that establishes the role of the women as the passive breeders. On the other hand, theorists say otherwise, that "a woman does not simply 'get pregnant' and 'give birth' like the flowing of tides and seasons" (Petchesky 1984: 9). By emphasizing the importance of being a 'good and fertile wife' for the social, economic and political prosperity of the family, community and, in same cases, the whole ethnic group, it becomes obvious that a regular flow of children, defined by demographers as "the natural fertility paradigm" (Bledsoe, at al. 1994: 81) benefited the woman and enhanced her position in the community. As Handwerker (1990: 21) argues, childbearing "constitutes an investment activity for women when their material well being is dependent either directly or indirectly on their children". Therefore, there is an element of active agency to achieve a personal goal that can be explained by the term "a form of abstract rationality" (Carter 1995: 55) to have as many children as

necessary and biologically possible in order to obtain and keep the desired social status. Consequently, women who cannot have (enough) children jeopardize not just the supply of members that will carry on the next generation and economic affluence of the collective, but also her own position in the society. Her relationship with the members of the family and community depends directly on her fertility. Linda speaks about the importance for a woman to have children for her social survival.

> *Remember, when a woman didn't have children, she was an outcast. It was difficult to [keep] even the husband because, the whole point as a woman, you supposed to get married, to have children and make family. If you didn't get children, you are not going to have marriage or social relations with your extended family, especially with your husband's family. Having children is also a social status. (Linda)*

Infertility, the women stated, is one of the biggest women's fears. If a woman could not have children 'naturally', the community sympathizes with her, but rarely questions her responsibility. Her past, or the past of the family, is often searched; her 'deficiency' explained as god's punishment for the possible misbehavior.

> *But if naturally you cannot have children it is impossible to be understood. The community will understand, but on the other hand you have to face negative comments. They understand, but they still have that idea that you did something bad in your childhood, that's why you are punished, abortion or stuff like that, [so] you cannot be able to have kids. They always judge you very severely. (Lisa)*

> *OK, you can raise other people's children, within the family. But it is very difficult. I can say that the community is very cruel. We have women who are not able to have children, but still we don't know if it is the men or the women. But it is always the women who are judged as they cannot have children, so it is a lot of time they will say that's the women who are carrying the curse, almost a punishment; they say that God has punished them. Yes the community is very, very mean when it comes to women who cannot have children. (Moyo)*

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The biological, social, economical and political employment of women's bodies, especially their fertility, is deeply embedded within the sophisticated arrangement of patriarchy and related power relations, the ideology of 'blood and belonging', and scarce economic resources in their societies. Women's bodies "are not constructed as autonomous but rather enmeshed in obligatory social relations, especially to kin" (Petchesky 1995: 401). The fear of infertility is therefore understandable, and is complemented by some other anxieties, reported by the African and Kurdish respondents as the concern for performance as a wife and mother within the context of extended family, and as a result of that, a fear of another woman.

"The boss is sleeping..."

The influence of a husband, and an extended family, specifically, the authority of the mother-in-law on a woman and her fertility was the topic that created vivid discussions among the African participants, often garnished with plenty of good humour. They speak about the meaning of marriage in their home countries and the complex family dynamics within the hierarchy of kinship. The subject of husbands and mothers-in-law inspired very emotional responses: the participants loudly approved of each other's statements, often finished each other sentences, and laughed after each other's particular story. Shared experiences brought them together in the common spirit of re-evaluating the past events from the physical and cultural distance created by immigration.

Zoe and Mary, the mother of a two-year old child, from Ethiopia, offered explanations of what it means to be married in their cultures:

I think...the meaning of marriage is very different back home. It is different because when you give **dowry**[iii] (her emphasis) *in our country it means that*

[iii] Zoe refers to the practice of bridewealth, which is the payment made by the groom or his kin to the kin of the wife in order to ratify the marriage. The dowry is property that a wife or a wife's family gives to her husband upon marriage.

you own your wife, **your wife belongs to you** (her emphasis). *It is not like you go and live together. No! And now, it means that you leave your family to go to the husband's family. Sometimes for the first days of your marriage, you live with your family in law not with your husband before you go to your husband, [so they can]* see *if you are a good wife, if you know how to wash clothes, to cook.* (All women laugh!). *After that, the in-laws can say, now she is good.* (Zoe)

In our country, the marriage is not based on sex. For us, a man must come from a good family, have good manners, is a good provider, very little you know about the sex life. When some problems happen in the family and the whole family has to sit together to talk, they will never talk about that. I cannot divorce or look for another husband, only if he died. (Mary)

The marital relationship always mirrors the cultural, political and economic context of the surrounding society. By marriage, in the societies with the dominant ideology of collectivity, a woman exchanges the membership in one collectivity for the other, one socio-economic unit for another, while still belonging to the broader membership of a tribe, or an ethnic group. At one point of the discussion, Zoe said that back home "*your husband is* like *your boss*". This striking picture of the family structure and division of the power that she paints (and it has a strong resemblance to Emily Martin's (1992) metaphors of female fertile body as employed worker) implies the function of the extended family as an 'executive' body and the wife as an 'employee', first for a probation period, and then, if suitable for the job, permanently, although always threatened by the higher authorities.

Sometimes, it can be your mother-in-law who can say 'I am not happy with your wife' or 'your wife did something bad to me' and then 'she has to go' and you will go. And they kick you out, if your husband is not strong. (Lola)

Fertility plays the most important line in the 'job description'. Perce argues that for patrilineal societies that "the husband's lineage, not the women or nuclear unit owns the reproductive rights of a woman", so the woman's body is seen as "a vehicle for bearing children to ensure the prosperity and growth of the patrilineage" (Perce

1995: 202). In these circumstances, the role of the mother-in-law ensures the "cyclical nature of women's power" where "subordination to men is offset by the control older women attain over younger women" (Kandiyoti 1988: 278).

> *They [in-laws] will not say how many [children], but they want more! (*All women laugh!*). I have three children, and I said, it is finished, they say it is not enough, we need more, who is going to cry when we die…* (Zoe)
>
> *I have six children, and my mother in-law still wants more.* (Selma)

The risk expressed by African and Kurdish respondents, that as a wife, the woman can be replaced or supplemented by the other wife, force her to behave according to expectations of the extended family. The constant fear of polygyny, of marital disloyalty, of a competing fertile female body in the family is a real and present threat in their cultures:

> *Anna: Sometimes they will find another woman…*
> Moyo (continues): *…to fulfill what you are not able to do. Let's say you have only one child and you don't make more, he is allowed to look for another woman to fulfill the role that you can not do.*
>
> *If [she does not have children], they have to bring another wife for him to make babies. (Amra)*
>
> Lola: *It is like a normal life. …*
> Zoe (continues): *…the family tells you that you are not the only wife for him; even when you become a mother…"*
> Lola (continues):*… yes, that is the problem…. You have to stay…You have to stay and raise your children…And then you are told that your husband is going after all these women… he can get as many as he wants…your in-laws are telling you that you have to leave him going around; you have to take care of the children.*
> Zoe: *For that also, I think, here we are in peace here… (*All women laugh!).

The power of the husband in the relationship appears to be immense, but is still controlled by the authorities of the broader family, the community and the society as a whole. He has a little room to challenge or alter the proscribed rules of behaviour.

> *Here he can cook a meal or make a tea for me, but there…back home he couldn't…He wanted to do that, but because of the family, he couldn't, what they will say. Then he said, no I am not doing that. (Laugh!) (Zoe)*

The participants describe the men in their cultures as mostly involved in affairs outside of home and not involved with children. Masculinity is gained by "means of opposition to the concrete world of daily life, by escaping from contact with the female world of the household into the masculine world of public life" (Hartsock in Martin 1992: 198); it is proscribed by the society with the same precision as the role of women.

> *They don't have many responsibilities, maybe those involved with politics, and they will have their meetings and will be fighting for power. But otherwise, men work outside and come home and rest. (Niake)*

> *Back home they have the family, friends and come back usually late after midnight going around with friends, they know everybody. (Maria)*

> Zoe: *[Back home]…husbands are not involved with children …your mother will come to be with you during the nights, or you can be awake with your mother-in-law and the baby, but he is sleeping…*
> *Lola: The boss is sleeping…* (All women laugh!)
> Zoe: *He is not involved.*

While reflecting upon men's behavior back home, the participants understand the rules of the society and therefore, are able to explain and justify the actions of their husbands. "*It's not their fault!*" is what one of the participants said. They realize that the act of one individual is defined by the actions of others, but also that "the things that one person did with his or her body could radiate out to affect others in

different bodies" (Kaler 2003: 81). The boundaries between a self as a physical, psychological, and social entity (Harris in Perce 1995: 201) are often obscured within the crossword puzzle of complex social relationships within the collectivity of family and community.

"It's like a big family"

As the way of coping with and resisting the existing hierarchy of power, the Sudanese women reported the gossip, wit and irony as well as, in some cases, secret disloyalty to the partner as tools that were used to challenge the male power. These tools were especially effective in the sensitive realm of male sexuality. In the group, these statements created lots of laughing and good humour.

> *Mostly anything about your sexual life… people tend not to talk about it openly. But sometimes, when a man has a small penis, a woman complains. (All laugh) The women talk together and complain about their husbands. (Anna)*

> *In my country it is very 'hot', so that is why men don't have 'something good' for women (All women laugh!), so that is why some women complain. It is very 'hot' and when they get home they are 'tired' so they don't have time to satisfy their wives. So, it must be better in Canada. (All women laugh!) (Maria)*

> *If the husband does not satisfy you, you can go with another man, but you will do that hiding… [without] telling anybody. It has to be secret.* (Lisa)

These examples of resistance within the existing social order, the woman's active behavior within the system that proscribes rigidly her social role, is possible because of the strong female network of mutual support. Interdependence of the family and community members, submergence of an individual female into the system of community connections, reported by all respondents, made lives in many aspects easier and existing problems less visible or more bearable.

Here is very hard…If you don't have milk, you don't have milk…Back home, I can go to my neighbour, and she will give me…It is not a problem…But, here, if you go and ask for food they will tell you…They will think you are crazy… (Lola)

When it comes to having children, the support of the community is unanimously missed by all respondents of the study. Economic and social support, and the love and care for children is a collective responsibility.

[Here] there is no community built. It is quite difficult to have kids. But, then, but back home, there is the family, extended family, there were neighbours, there was the whole community… just… almost everyone involved in every single life in the family. But, me…I don't have that here. (Linda)

But even neighbours help, it is like a big family. Everyone helps every one. Some time a good neighbor can help you to care of the children. (Angie)

For myself, we were seven children in the family; I could remember that I didn't know who my real mother was until I reached the age of five. It was so many cousins or aunties who look after you that you don't have to worry about your children. And also you found love everywhere. It will be your grandma or grandpa or your cousin, someone in you family who will look after you. It is different. So, I guess it was less stress. (Naike)

The community support creates the sense of emotional and social shelter as well as freedom to be involved in the community life outside of the household. Having children does not interfere with women's participation in social life. It seems that the women, as opposed to the men, resist the division of separate worlds, "dualisms of any sort' (Hartsock in Martin 1992: 198 -199) that will keep them isolated exclusively within the domestic realm.

In our country, ok, you stay home, but you can go out, somebody will help you with the kids, you are always refreshed, somebody will see you, make you coffee, like, [in our] culture, we have a long coffee,...but here, no! (Ruth)

I think just by the way the community is built, even your neighbour could help. For example, you didn't need to take your children everywhere as long as the neighbour is there, the neighbour could help. (Linda)

Paradoxically, the community that women praised is the very same community that forced the rigid expectations and pressure on women's fertile bodies. Intimacy of female friendships, ultimate support of the family, and the sense of the belonging to the broader collectivity provide the women with the sense of individual autonomy, safety, protection and communal harmony enforcing at the same time the strong awareness of identity. The same forces, working simultaneously as affirmative and detrimental to the individual woman within a given group, have the ability to create the environment of rigidity and incredulity as well as of compassion and empathy. These equally distinctive attributes of the society create the communal dynamic in which each individual is obliged to find his/her place through the series of complicated relationships defined by mutual responsibilities and support. The absence of the community of origin in its best manifestation of reciprocal loyalty of its members and the lack of similar social, economic and emotional support in Canada have caused all participants in the study a deep, undisputed feeling of displacement, loneliness, isolation, unhappiness and anxiety.

In this chapter, I presented an analysis of the gender roles and family relationships within the broader collectivity that the women who participated in the study belonged to before immigrating to Canada. By taking a look back, the women were able to reflect upon their past experiences and recognize the social, economic and political forces that shaped their actions, ideas and aspirations.

By using frequent comparisons with their experience in Canada, they were in a position to define how their individual understanding of fertility and its meaning was formed by the surrounding social powers. All respondents referred to the importance of the broader collective for the realization of their gender role. The differences in their experiences are based on their class, educational background and the country and culture of origin, as well as their personal characters.

The chapter that follows will examine the experience of the respondents after immigration and their struggle to act as individuals stripped from the cuddle and the squeeze of the familiar community.

Chapter V

Invisible women

In this chapter, I will concentrate on the experiences of the women participating in the study after they have immigrated to Canada. The respondents explain the significant cultural, economic and political changes that influenced the transformation of power relations within the family and the society that have an impact on female fertility. While discussing their experiences, a sense of frustration and powerlessness was frequently alternated with a sense of achievement and power; the grief over the vanished community left behind, in the country of origin, was complemented with wittiness about authorities from their previous lives who lost their power. The newly established independence in one domain was compromised with the lack of choices in the other; the nostalgic desire for big families and many children was situated in counter point to a rational assessment of present economic and social status. For the researcher, who is here to communicate the stories and define implications of women's statements, it is not an easy task. It has to reflect the process of integration and adaptation to the new society as a complicated change of identity that I can only hope to capture in its multifaceted manifestation.

A Story of Maya

Maya is 37-year-old woman who emigrated from Sudan five years ago. She is the mother of seven children. Three of them were born in Canada. The youngest child was 45 days old when we met for the first time. Maya is a student of office administration. She is married to a man who shares his time and financial resources

between Maya and their children and a family he has created with another woman in the same city. Maya suffers from high blood pressure. Until recently, she has never been on birth control. When she speaks about her daily routine, she says:

> *I don't talk to my classmates at break times, in the school, at break or lunch time. I have to do my homework. I used to take the bus. When I take the bus, I study on the bus. When I come home, no reading, nothing. I don't study at home. I have to help kids with their homework. That is what I do. I am very tired, but I don't have a choice…I have to do that…I am like a machine. No rest.*

Two months into her course, Maya discovered that she was pregnant with her seventh child. After a brief conversation with the school counsellor, Maya decided to continue with the course hoping that she would finish it before her due date. She was eight months pregnant on a day of her final exams.

> *My whole body was swollen, from my head to my toe. I tried to finish my exams. I didn't feel ok, but I didn't want to show them. I was very, very tired. I felt stressed. And I felt there is something abnormal…my body was heavy…*

That night, she was rushed to the hospital with high blood pressure, where doctors preformed the 'Caesarean section'. One month short to complete the course, she delivered a baby girl. Three weeks later, she was called to the school office where she was told that she was excluded from school and that she was required to pay back the money that she has received as a student support for the month that she was absent. She describes the conversation:

> *Because of the rule of the 'student finance', if you are away from the school for two weeks, that means you are not going to be the student anymore. I said, 'is that my choice to stay at home for two weeks, or there is an accident happened to me'. She said that the student finance doesn't care. I said, 'how about the report, he [doctor] did the report', but she said, 'no, that is it'…*

Maya understands the action of the authorities taken against her as unfair and favoring their financial interest over her well being:

> *I felt it is discrimination ... I feel like that. Everybody knows the reason why I was in the hospital. If that day they [doctors] didn't help me and I died, who is going to pay the money? Who is going to do everything? Nobody cared about me... my health...All they care is money. Student Finance care more about money then about people...because, I am the one who has to do everything. If I die, who is going to do this...*

Waiting for another school to allow her to complete her practicum and finally, graduate, Maya speaks about her future plans:

> *Well, my plan is, when I finish that practicum, I will find a job. If I find a job, I will work for one year, or one and a half year, and then go back to school. ...Because, I want to improve...I will do that.*

The fear of another pregnancy forced Maya to think seriously about birth control. However, it was not an easy decision. On one hand, an insensitive medical service unnecessarily prolonged the process:

> *Sometime, when you go to the doctor, he tells you that this one is good, but has side effects, and that one is good, but has also side effects, and now the doctor is confusing you. So you end up not taking any. After that, you get pregnant, even if you were not ready to have another one. Because of the fear of the side effects, I was not protected and I had my baby, but this time I really need birth control.*

On the other hand, a disagreement with her husband, who believed that the use of birth control will allow her sexually promiscuous behaviour (*"He thinks I will start cheating on him."*), pushed Maya into a position to choose between the loyalty to her husband and her own health. As a person working at the Planned Parenthood who could have helped her with the information and access to contraception, I enthusiastically offered my assistance. In my numerous encounters with her

(including one with her visibly upset husband), Maya frequently changed her mind opting for and against birth control. It took several months for her to find the compromise: 'Depo-Provera', the contraceptive injection, was the effective, but invisible method that, despite some serious side effects, at least temporarily, solved the problem.

Although unique and quite extreme in some outcomes, Maya's story still bears many features that mirror the experience of fertility and childbearing of other respondents in the research. The women's lives change after the immigration, affected by different social circumstances and cultural expectations. Various priorities (need to improve the standard of living, family obligations, childbearing and childrearing) compete with each other in a furious pace. It is easy to make a *faux pas*, either out of confusion or inadequate information. The new social environment influences a new hierarchy of power: the distant, bureaucratic mainstream institutions take the place of the familiar patriarchal collective. These new establishments of power set the rules and policies that control the lives and oversee the integration process of immigrant women. At the same time, the diminished power of the collective causes development of new gender roles within the family where the woman, a newly established individual, acquires significantly different authority in decision making process. This new situation simultaneously works to a woman's advantage and disadvantage. Acquired social freedoms are paid in social isolation and enforced choices. In many views, the new social order of power reflects the one left behind in perverted, up-side-down fashion.

"A very, very lonesome time"

As a result of immigration and change of social and cultural context, the interdependence of women, fertility and collective wellbeing has been distorted. The environment, where the whole community celebrates the role of a mother and wife, has disappeared. The female fertile body has been moved from the center to the periphery of the social universe. The physical, emotional and social experience of pregnancy and childbirth suddenly become characterized only by pain, fear, and solitude. Lola claims that "some women are afraid to have a baby here"; Ruth, whose

third child was born in Canada, remembers the pregnancy of the last child relating to her swollen hands and legs, a heavy and tired body that she had to force to work every day; Linda, pregnant with her third child at the time of the conversation, recalls that "you are in so much pain and there is no support for you." There are other experiences:

> *I know many women who had their baby here in Canada. You pity them. Many have their children by "Caesarean section"...Back home, you will have many people around you, your mother, your family...but here, you are alone at home with your baby. [Women] are crying, crying, they are calling back home...It is very difficult. (Zoe)*

> *When I gave birth [back home], everybody worried about me. Everybody had attention for the baby and me. I didn't need to think about the baby that much. Here, when I came from the hospital, I just opened the door and no one was at home. I was crying, oh my God...And the next day, my husband had to go to work, and I was alone all day. Nobody asked me if I had something to eat or drink...And then I didn't have lots of breast for the baby too. And it is quite different ... Here, you always go by yourself: It is hard here. (Ruth)*

The absence of the family and community turns childbearing and childrearing as a collective endeavor into often a sole responsibility of the woman. While husband is at work, she is the one who is left to deal with problems of loneliness, depression, financial problems and confusion over priorities. The time spent at home with her babies Linda describes as at first "*shocking*", and then "*a very, very lonesome time*". Angie, a social worker and the mother of four, says that by having children without help of the extended family "*you are killing yourself*". She further passionately explains:

> *First of all, you stay home, when you were not used to it. It is a shock. You have to stay home, take care of the house, the children and the family. That is the first change. And after that, it depends. If you don't get away from the stress of the house, you finally get a low self esteem because you are sitting home. Back home, you could have somebody to take care of your children*

and the house and who can give them love. [Here], if you are working outside the house it is an addition, it is like you are adding more responsibilities. (Angie)

The absence of "the big family", as one participant described the lost community, deprives the women from the collective support, sense of belonging and emotional and social shelter. The new social world around the fertile female body changes its shape and function. Consequently, female fertility is getting a different meaning. Being a mother is still very important, but is now a lonely business that gives fewer benefits and many pressures.

Women should have more children, but not here. Back home you have many people to help you, but here you have a lot of frustrations. Here you have to deal with so many things, breastfeeding, taking care of the other kids, about the house, less money because you are home, you are not working. Back home you have only one thing, just your baby and the family is around helping for other things. You have the best life back there. (Lisa)

Childbearing, previously an investment into the future of the woman and the whole collective becomes a consumption activity with the focus on obligations of the parents/nuclear family for the children that take precedence over the obligation of children for the family and parents (Handwerker 1990: 21). As a result, the economic prosperity of the family as a whole is based on fewer, not more children.

Children are taking all the time: you have to escort them to school, drive them, and take them back. You have to feed them, dress them well. Being here, children open their eyes. They are more demanding. If you don't give them what they need, you will lose them.... (Amra)

I love having children, but I find life here very hard. Financially, everything is very expensive. If life was easy, I would have more children, it is more fun. (Lola)

And to have more children here, it is expensive for the school and for anything or even for planning for their future it is difficult. (Anna)

The noticeable change in participants' tone when comparing the past and the present life, from cheerful enthusiasm about the number and role of the children in the family to rational recognition of the reality counted in dollars and personal sacrifices, is a result of not so much internally changed values as they are the consequences of the imposed reality that does not leave lots of choices. Handwerker (1990: 31) explains that the change in perspective and behaviour happens when access to resources is improved or optimized by that change. This study shows how fertility in the Canadian context starts to prevent immigrant women from accessing resources such as a better living standard, education and work. Consequently, the role of fertility and women's reproductive behaviour is forced to change and find a new a meaning.

"Wrong number, wrong number..."

The same circumstances that initiate the feelings of loss and grief over the lost world of community support help to establish new power relations within the family that promotes women to make individual decisions. The change in family dynamic is visible in different aspects of women's lives. The power of absent extended family and their influence on women's fertility is minimized. Many women in the study, encouraged by safe, physical distance, but also by the different social expectations that re-shaped their attitude towards their bodies and meaning of their fertility, report firm confrontations with the family members, especially the dreaded mother-in-law, who until recently held the absolute power in their lives.

Even now my mother-in-law says 'only two, only two'. I say to her that two is enough. She is far away, so I can tell her that, but if I was there, it will be more difficult because there is more pressure from everywhere. By phone it is not a

big problem (laughs), you don't see them or you can say 'wrong number, wrong number!' (All women laugh) (Lola)

I am on birth control. I am not going to have more. When she [mother-in-law] calls, I tell her that it is no way for me to bring more children , I need to upgrade my skills , I need to learn English and I need to go and have a job otherwise my children will not have a good life. (Selma)

However, the humorous interludes and jokes about in-laws do not hide the serious issues of personal transformation. The reproductive views and choices are the result of the search for an appropriate balance between the respect for the culture of origin and acceptance of Canadian reality. It involves confronting the building elements of one's own self, one's own past and presence, and complicated re-construction of identity. In that course of self-realization, women feel as winner and loser at the same time. Lilly, the young Rwandan mother of a baby boy says:

It is a challenge sometimes. It is a conflict between our culture and Canadian culture. Family back home, they don't understand why you want only one kid. They don't understand how it is expensive. But, at the end of the day, you have to deal with that. You have that choice. (Lilly)

Some are good changes for the women, in terms of giving them more independence. Bad changes are that we cannot have more children. (Moyo)

Husbands, often frustrated with the loss of social surrounding dominated by patriarchal kinship system that enhanced their individual power, discouraged by degradation of their professional status, physically squeezed in tiny apartments with their families, and, equally to their wives, isolated from the rest of the society, have also changed their role. The former "boss", as Zoe previously defined her husband, has been transformed to more of an equal, intimate partner. In analyzing the change in the behaviour, the participants easily pointed out the influence of the new cultural and social surrounding.

The husbands now stay more at home, spend more time with the kids and are more involved with children schooling. This is another thing that changed. (Marie)

You know, here is different. The man [back home] doesn't cook, he doesn't do anything, but here he have to change the diaper, like the Canadian man. In Sudan – never! Here, they don't have a choice. (Lisa)

For me, you have peace because when you have a problem, it is your own problem, it's not your family problem. It is good because you live your family life (laugh) …you can have problems, but is our life now together. Also, I know my husband better now than back home. Now, we fight, we fix it ourselves, we get along. I think it is better now. (Zoe)

In the case of Maya, from the beginning of the chapter, the issue of polygyny still exists. Maya's husband created a 'parallel' family that he interchangeably visits. This situation influences her position and decisions she makes related to different aspects of her life. For example, her financial situation is defined, in reality, by divided resources (the husband's income) but also, by the lack of access to the social support. Since the society recognizes Maya as a legal wife, and therefore operates on assumptions of (one) family income, the additional financial assistance is denied to her. The family situation complicates her reproductive choices which, also, are influenced by her specific position. The number of children forces the husband to direct his time, attention and money towards the family that needs more help and resources. To control fertility could easily mean the loss of the husband.

However, the other African and Kurdish women in the study report that for them the threat of a new wife considerably declines. Although during the research I have heard 'gossip' about 'such an such man' having more then one family, the women in the study, who spoke about the existence of polygyny in their country of origin, are visibly relieved. In a society like Canada, where polygamy is illegal (although clearly happens), men do not have the social support, nor the financial resources to continue with that practice. As Zoe explained, "*for that, we are also in peace here.*"

Changes in the relationship with the husband are a result of the change of the social and political factors influencing and defining the relationship. Browner, describing the "conjugal dynamic", argues that in "any society, each individual women has her own particular political relationship with her male partner" (Browner 2001: 774). I find this concept similar to Kandiyoti's idea of "the patriarchal bargain" (Kandiyoti 1988: 275) that even more precisely illustrates the new situation for immigrant women: the women are using "their heightened resources to cope more effectively with male authority" (Kibria 2000: 188) within a still existing patriarchal order. In other words,

> *[The traditional values] are still the same, but they modified to suit the life style here. That change is that we see more women working outside and more men staying home. That had change. Men don't get as much job as women here. Here, you still have to obey your husband, but here in the decision-making you have to be part of it if he disagrees on same thing he has to give a very good reason for that.* (Ruth)

In such circumstances, the sense of self as an individual with individual power consequently rises, establishing, among other new realizations, the practice of using contraceptives not only as a way to limit the size of the family and maintain the optimum standard of living, but also to achieve desired personal goals in terms of education and work. Instead of a god given virtue and a natural circle of events, fertility becomes a capacity that can be controlled and regulated by individual human actions. Lola, whose husband would like to have more than two children, explains:

> *He understands because this is what I want. I hold the baby…yeah! We don't fight for that! He wants more, I want less…but, we don't fight for that. He knows that, if I don't want, we will not have because of me. I know how to control myself. It depends on me. He does not force me for that. (Lola)*

> *It is up to the woman, if she thinks that she doesn't want anymore children so she will decide to go on birth control. Community here has more understanding for families with fewer children. (Moyo)*

Although the of majority respondents report having more decision making power over their reproductive choices, they state also that "*many women are afraid of their husbands*" who do not allow them to use birth control. As one respondent points out, many women believe that by "*having fewer babies, you will not keep the husband*". In addition, for some respondents the choice of the birth control method has been a consequence of fear and confusion and conflicted with their personal beliefs about fertility, body and bodily integrity. Angie, in her emotional monologue, explains:

> *I think that God gave me my body to keep as it is. I think God gave me my body and I want to return one day to him with my body. So, what happened after my last child? I had to take a bitter decision to have my tubes tied. I didn't want to have more because it is too much for me. For me, this option was more secure, because I didn't want to live with the stress of being pregnant again. So, I did it even though I didn't like it. I did it because of the society I am living in it and about the future I have to plan. It is not easy. (Angie)*

The women's statements truly do confirm that in any given society or culture a number of contradictory processes are happening. It appears that the 'freedom of choice' that makes this society so proud, could so easily, at any given point, be translated with 'forced choice', or even, 'lack of choice'. Linda's explanation sheds more light:

> *"If you don't work, financially you cannot survive. So, you keep going. If you don't go to school, you will not learn anything. …And then, do you agree that at certain age all women feel they have to have kids? Right? So, you cannot stop because the life will never stop for you."*

In the North American society, choice stands for "autonomy, independence, and freedom of will, signifying women's sense of themselves as having an influence on the process in which they are engaged" (Becker 2000: 243). Handwerker correctly argues that "genuine 'freedom of choice' exists only when you can choose among selectively neutral alternatives" (Handwerker 1990: 25). Women in this study often do not perceive the existence of 'neutral alternatives' as a part of their reality. It has been

lost somewhere in the chaos of societal pressures, perplexity over the individual priorities, grief over lost identities and celebration of new empowerments. The real political challenge for immigrant women is how to communicate that reality to the mainstream institutions that shape the programs and policies for them based on completely opposite premises of organized rationality and undisputable existence of a clear choice.

'Us' and 'Them'

For immigrant women in the study having children in Canada instead of improving social status, has the opposite effect. It either keeps the women isolated within the exclusively domestic realm or, if they try to combine childbearing with efforts to integrate into the society, brings them to the edge of emotional and physical collapse. Childbearing turns out to be a barrier for the successful integration, where all participants describe integration as learning the language, upgrading the education and/or developing career and improving the standard of living.

> *I think maternity does not fit with integration. You have to learn English; you have to go for ESL. ESL 'student funding' ask you to be there every day…If you are pregnant and have the baby, you cannot do that…After [having the baby], it is very difficult to put a child in the day care… You need English…You need the language… (Zoe)*

> *It is very hard because you don't know how to manage. You don't have help for that. After you have a baby, you are alone. You don't have help. Some women even stop school. They are finished because they don't have help. And the day care is so expensive. Sometimes, they are full, there is no place. It is not easy to go to school or work. (Lola)*

The mother of six children, who after three years of being in Canada still does not speak English, explains why she and some other women in her community had to put their language training on hold:

We had to choose between our family and ourselves, so we choose first our family and our children. OK? We are too busy with the family. There is nobody to take care of children at home, so we couldn't leave them behind. (Selma)

Azra and Angie speak about how having children separates them from the educational system, work force, and the society as a whole. Their effort to successfully integrate is limited by the number of children and their family commitments.

In Canada, we need to have a life too. We need to have the language, to go school, to meet with more people. With more children it will be more time to spend to serve them and it will be no time for us left. (Azra)

The way as the society is made is that they don't expect you to work when you have a lot of children. (Angie)

The mainstream institutions that control and regulate immigrant women's lives are shaped by the fundamental Western belief that the boundaries between biological, psychological and social aspects of a person are arranged in separate compartments and should be taken autonomously. The ideology of individualism and rationality, the obsession with separation of private and public life, accompanied with the notion of 'freedom of choice', do not allow these institutions to acknowledge the obvious disparity between the reality of immigrant women's lives and programs and services offered to assist them in their integration. The programs and services are created on the basis of what Craib (1994: 91) calls 'functional rationality' of modern societies, a direct or indirect intervention of the institutions of power into the lives of the individuals and their relationships "through policies of economic welfare and social services" (Craib 1994: 91). Under such circumstances, female fertility is perceived as a private matter, and women are forced by the system to choose between the private (family, pregnancy, childbirth) and public matters (education, work).

Education, for example, perceived by the women as the fundamental way out from isolation, ignorance and poverty towards integration, knowledge and a higher

standard of living is, at the same time, a source of financial support for the women and their families while they are attending classes through the practice of student funding. The conflict usually occurs when the expectations of the educational institutions collide with women's incidence of pregnancy, childbirth or family emergency. The actions of the authorities taken as a result of that conflict, women understand as discrimination, intolerance and unfairness. As Moyo angrily pointed out, "*school, student funding don't treat as us human being. Some women even preferred to quit school instead of being abused by the system*". Lisa continues:

> *For a woman, you cannot miss school, even when your child is sick or you are pregnant, or you have a baby. No! You cannot even be allowed to go to the washroom, because for the teacher you are disturbing the class. When I was eight months pregnant, the teacher told me to quit school, because I was asking frequently to go to the washroom. (Lisa)*

> *Me, I didn't tell them that I was pregnant, I had to hide and during my practicum some time I couldn't do all the work but, I didn't have the choice. I couldn't have sick leave; otherwise I could lose my funding. (Mary)*

The simple solution offered by Moyo, that those African women who want children should have the chance "*to learn the language and be part of this society*" does not resonate in the rules and policies imposed on immigrant women. Pushed into the space where the individual, as Bhabha (1994: 47) describes, "speaks, and is seen, from where is *not*", immigrant women are unimportant and invisible in their true identities, in their full experience, and left in reality of representations, images, or, plainly, prejudices. Naike, the mother of three children who works as a project officer at the local University, states:

> *They say that [we] have a lot of children and they will say that [we] are on social welfare. They cannot think of someone active as a professional and having so many children. If you have a lot of children, they will think it is because you want to get more money from the government. It is stupid, because you have always to explain how you can cope with many children and be a professional. (Naike)*

When the respondents speak about the rules and policies of different mainstream institutions as well as representatives of these institutions such as school authorities, they often use the words "*they*" or"*them*". Although sometimes it was difficult to distinguish that specific segment of "they" the respondents were referring to, it was unmistakable what the term generally describes a 'white', Euro-centric body of institutions and persons, sometimes the society as a whole that has the power over different aspect of their lives. As such, 'they' are alienated from and superior to its anticipated opposition, defined by women in terms of "we" or "us" (immigrants, immigrant women, black immigrant women). The barriers built between "us" and "them" women defined as ignorance, distrust, and discouragement as well as direct prejudices and racism.

> *They don't believe that we want to learn, they think that we go there [school] for money, but we want to have a profession and help our children and our families. We came here with hope that can fulfill our goal but instead they are discouraging us.* (Moyo)

> *Just in general, going to school should be a good experience. The teacher has to welcome the students, they have to be teachers, not talking to the people like they are a burden for this society; it is not a way you could handle people, and specifically Africans. (Lisa)*

> *Sometimes, we think, especially black skin, we think, they don't like us, or they are discriminating us. Sometimes, they do. Sometimes they don't give us information. Sometimes you can see on their face.* (Ruth)

Bureaucratic institutions of the modern state have replaced the role of kinship and community. They dominate the hierarchy of power that presently influences and controls the reproductive behaviour of the immigrant women in the study. The relationship of women with the institutions are "no longer 'guaranteed' by tradition or by simple fact of there being a blood relationship or belonging to the same social group, by notion of honour, obligation and duty" (Giddens in Craib 1994: 88). The relationship is based on a calculated, distant, impersonal, gender blind, often biased

argument of the mainstream system that implicates an easy, straightforward process of acculturation of foreign individuals through offered programs and social services. Being a woman, a fertile immigrant woman seems to be more of a nuisance for that system than an important element of identity, and as such, tends to be designated as a private matter. In the chapter that follows, the women themselves recommend changes, turning the private matter of fertility into the political issue par excellence.

In this chapter, my focus was on immigrant women's experience of integration into Canadian society through the lenses of fertility and reproductive decisions that they have chosen or they have been forced to choose. The participants emphasized both the social isolation and lack of support as a result of disappearance of the family and community and a new experience of the modern state that demands integration through programs and services characterized by ignorance and discrimination. As a result, childbearing becomes a barrier in the process of integration and, as such, creates the uncertainty over priorities and the need for contraceptives as the instrument enabling them to limit the size of the family and create necessary opportunities. In the decision making process, immigrant women, although pressured by the society to make 'rational' choices, find some room for individual agency. Partly liberated from patriarchal dominance of the husband and extended family, they negotiate their new position within the society, considering the responsibilities to the weakened collective, but also the newly established individual rights that enable them to re-direct the course of their actions towards the goals that could eventually benefit their individual wellbeing.

Chapter VI

"Somebody Like Us"

"Stop talking! Let's do something about it!"
(Moyo)

In this chapter, I concentrate on the future actions related to the project "Immigrant Women and Fertility; Rights and Responsibilities". I refer to these planned activities as "the action plan".

In the previous chapter, the women who participated in the study have demonstrated noticeable areas of strengths, such as the strong dedication to successful integration, enhanced individual power in decision making-process within the family and community and openness for new knowledge and change. In addition, they spoke about the areas of present struggles: the social isolation, the challenge to integrate the fertile body into the newly established context of societal expectations, social discrimination and racism, and insufficient knowledge of and access to, contraceptives. Their experiences helped to distinguish the foci of the future project endeavours and create the action plan that draws also on the literature on community action research, as well on information obtained in consultations with the experts involved in the domain of social policy and change. The action plan was developed to influence the future efforts towards further empowerment of immigrant women and improvement of their social status through the additional research as well as enhanced community work.

> The foremost objective of community work is to increase the capacity of consumers to use and influence institutional-relations organizations to better meet their needs and protect their interest. There are three professional goals that may be pursued singly or in combination that follow from this statement: a) increasing competence of users of social services; b) increase responsiveness of social services organizations to consumer needs, wants and rights and c) bringing about alterations in institutional policies and programs that impinge on consumer interests.
>
> (Brager, Specht and Torczyner in Wharf 1992: 19)

This action plan includes all three components of community work (individual/community, organizational and political component). It was presented to and confirmed by the respondents in meetings that followed the initial data collection. The research findings and the action plan were also presented in numerous occasions (academic, community and professional events) and resulted in interesting discussions and suggestions for further implementation.

A final check-in

It is important to go back for a moment to my role as the anthropologist-researcher in the project. As I said previously in this paper, my choice of the research topic implied fieldwork that was not limited in time and place. The completion of actual data collection did not stop me from meeting, talking and working with immigrant women - the participants in this study included. As an anthropologist, I had a chance to validate the research findings every time I met an immigrant woman, while also being the sexual health educator doing my job and an immigrant woman with a feminist political stake. My roles interchanged frequently. Working on this project, I did not have an ethical dilemma, typical for some researchers, of shall I or shall I not give something back to the respondents in return for their time, effort and trust. This project was rather about identifying the problems with the women themselves, and moving towards the solutions. The focus was on 'collaboration' with the respondents, which Pink explains as a process where "agency may be attributed to both researcher

and informant" (Pink 2002: 112). The action plan for further development of the project presented here is a result of such collaboration. It could be vaguely defined as an 'intervention in the fieldwork', but clearly extends that notion and turns the anthropological research project into the social and political activism.

Women and community

I think that women have the key of their success, but they have to be unified in order to achieve any progress. (Zoe)

I wish there was a network of mothers that women can get together, so we can exchange experiences. (Linda)

We need drop-in centers where the moms can go with the children and have some programs there. (Nancy)

I think we need to learn more about birth control in the community, so women can be protected. (Martine)

The issues of fertility of immigrant women cannot be isolated in the realm of domesticity and privacy. To leave it there means to deny its social and political connotation. To bring it out into the broad daylight of social attention requires the action of empowerment, enhancing the "ability to control our own lives" (Ristock and Pennell 1996:1) on various levels.

The research efforts stimulated the discussion about fertility among the participants and transferred the problem from the periphery to the center of the external interest. The individual experiences of coping with fertility in a process of integration have been validated and recognized as important in immigrant women's life. As a result, some participants have been encouraged to get involved in the attempts to "do something about it" and actively participate in the planning of the further actions. The others were motivated to consult on birth control options and asked for the support in the decision making process. In either way, there was an

element of individual empowerment expressed in terms of stirring participation and enhanced access to the resources.

On the community level, the participants suggest further expansion of discussions, and creation of a stronger female network of support, "sharing resources for mutual benefit, or working together co-operatively" (Ristock and Pennell 1996: 2). Such a network would simulate the kind of support that they have had in their home countries and stimulate information sharing and mutual help in a form of regular meetings but also drop-in centres for immigrant women.

In order to facilitate that process, and as an employee of Planned Parenthood, I continue my work together with some of the women in the community in broadening the base of women involved in the discussion about fertility and the role of reproductive choices in the process of integration. Parallel with these gatherings that are taking place in different communities, a series of educational sessions on family planning and contraceptives has been organized for Multicultural Health Brokers Cooperative, the immigrant women who help newcomers in their communities in accessing health care resources. The goal is to enable the brokers to discuss reproductive issues with their clients and support them in the decision making process. As a part of that effort, I had an opportunity to accompany the brokers during their home visits to a number of women, mostly recent newcomers with babies. At their request, the brokers and I have been able to offer the home based support that includes education on birth control methods, joint visits to the Birth Control Clinic, and follow up communication to ensure that the instructions for use of contraceptives are followed and the possible side effects monitored. Although there are still missing pieces in that endeavor, such as the insufficient number of brokers for certain communities (for example, the broker for the Sudanese community has a work load of 70 families), and often inadequate coordination and networking among involved professionals, this approach of educating women/brokers in the community and advancing their work by providing the professional support, seems to work well. It enables the newcomer women to obtain the required information in a safe environment of their homes, from the familiar person who can assist them in making decisions and sustaining in their choices. It also enhances the resources within the community to address fertility in a culturally appropriate manner.

The Coalition

We need education, we need real jobs and family oriented policies. (Angie)

But women need somebody who can advise them about their situation, their health, their body. School should be the first door to be open for immigrant women, so they can feel comfortable to ask what they want and what they need. (Mary)

We need somebody like us, who understands us. We do not have a confidence here, so we need to have a person we can talk with confidentiality at school. (Ruth)

The community effort alone is not sufficient without the serious change in policies that regulate the programs for immigrant women. As a necessary step towards that objective, the action plan anticipates an environmental scan as a complement to the research "Immigrant women and Fertility: Right and Responsibilities" that will include a survey of immigrant serving agencies in Edmonton, relevant educational institutions, selected health organizations as well as funding agencies and policy makers at the provincial and federal level. The goal of the scan is to determine the range and quality of programs targeting immigrant women and role of reproductive health in these programs. The findings of this study and the results of the environmental scan will provide a solid information basis for the next phase of the action plan: the organization of a broader political body, the mobilization of agencies serving immigrant women in a form of coalition that will facilitate the process of organizational and political change. The organizations that have a similar mandate, such as Planned Parenthood, Changing Together…A Centre for Immigrant Women, the Indo-Canadian Women Association and the Multicultural Health Brokers Cooperative plan to come together to build a political front with an objective of presenting the issue of fertility as the critical question for immigrant women in the process of integration and settlement. The coalition will advocate for the new strategies in approaching immigrant women and their integration. These changes should target immigrant serving agencies and schools and include:

- In-site and outreach, culturally appropriate counselling on reproductive health for women and their partners
- culturally appropriate representation of reproductive health issues as a component of ESL and academic up-grading curriculum,
- educational and recreational immigrant women's drop-in centers
- mandatory day care facilities
- optional home based ESL education for women with newborns

The final goal of the coalition is to develop a pilot project that will include these new strategies and, in practice, prove the need for the broader policy change that will take under consideration the importance of fertility and reproductive health for successful integration of immigrant women.

What else is there?

While presenting the findings of the research in various occasions, I was approached by some individuals with at that time unexpected comments about similarities in experiences of immigrant women with the experiences of Native Canadian women. It was pointed out that the specific social construction of fertility of Native women, as well as their social discrimination and marginalization move the issue of gender and fertility of Native women away from the mainstream norm and closer to the experience presented in this research. At this point, I am not sure how I can build on this important feedback. My intention is, though, to approach the relevant organizations and learn about possibilities for further exploration.

On the other hand, I was frequently asked about the issues of HIV and other sexually transmitted infections among immigrant women. I have to say that that particular topic has never come up during the discussions with respondents. For the women in this research, fertility does not have a direct association with sexually transmitted infections (STIs). I never forced the discussion in that direction, leaving the women to take the lead and explain the relevance of fertility from their own perspective. The issue of power in the marital relationship, however, was intensively explored. When talking about sexual relationships with their husbands, some

respondents referred to it as "a job", something you have to do regardless of your personal desire. The condom, whenever mentioned, was always rejected as something that the men in the community would never use. My conclusion is that the relative power acquired in the area of reproductive choices still does not include the power to negotiate the options of safer sex option. I am aware of the importance of comprehensive reproductive health services for immigrant women that will incorporate sexuality, gender and power with family planning services and services for prevention and treatment of STIs. That direction was clearly spelled out at the conference in Baku, in February of 2005, in the paper on feminization of HIV called "Achievements, Gaps and Challenges in Linking the Implementation of The Beijing Platform for action and Millennium Declaration and Millennium Developmental Goals" (Woods 2005). My hope is that this particular research project and planned future actions will create the foundation for addressing these important challenges through further research and its practical application.

In this chapter, I presented the action plan for future development of the research project "Immigrant Women and Fertility: Rights and Responsibilities". The plan, based on issues identified by respondents and their recommendations for change, was presented to and verified by the respondents themselves. It was presented also in the community, to the service providers, and in various other occasions. The essence of the plan is to use the research findings, enhanced by the environmental scan on services and programs available for immigrant women in Edmonton, to influence and implement changes in relevant policies and service and program delivery in order to empower immigrant women and improve their social status through individual, community, professional and political engagement. I also identified the room for further research that will explore the question of immigration, gender and power to negotiate safer sex in the relationship. I am interested as well in the comparative research on Canadian First Nation's women and the cultural construction of their fertility in order to explore similarities and differences with the findings of this particular research.

Conclusion

In the research "Immigrant Women and Fertility: Rights and Responsibilities", I have focused on the changes in women's concept of gender and fertility as a result of migration from one social, cultural and political situation to another, characterized by significantly different dominant ideologies.

Gender and its performance is a social construct - so is the concept of fertility. Historically and cross-culturally, women's reproductive behaviour has been observed, programmed, policed, negotiated and renegotiated to sustain the specific existing social and political order (Becker 2000, Petchesky 1984;). The political status of women in the society, expected sexual behaviors, desirable number of children, use of contraceptives, the status of abortion, existing social support for women, all these elements create a framework of reproductive behaviour of a fertile female body in a given culture. Within that framework, not only have the women been trained to think, feel, and behave in order to meet cultural expectations, but also, to resist them and use them for their own empowerment.

Yet, this anthropological endeavour has not tried to capture and define the fixed condition of gender and fertility in a given culture. Global turbulences and transnational nomadism have caused cultural collisions, and consequently, mutability of individual identities. In this study, I have encapsulated the process of alteration of gender identity and, as a result of that, understanding of fertility, in women who immigrated to Canada; I have determined the social factors that play a role in that process, and detected the alternatives to the existing social support in order to make that process less challenging.

The majority of immigrants to Canada have been coming from so called "developing counties" where the kinship system and community connections have the fundamental impact on all social relations. Belonging to the collective entity of family, community, and/or ethnic group defines one's identity and conduct of one's behaviour. In such an environment, female fertility has the vital and symbolic

importance for the group survival. The patriarchal cultural ideologies of the united, harmonious collective define the roles, where God, political elite, community, extended family, the husband and the woman herself have a stake in female fertility. The women are protected, supported, respected and appreciated according to their gender enactment and reproductive performance.

After immigration to Canada, a modern society, where the omnipresent communal involvement is replaced by a highly specialized, institutionalized, impersonal, short-term and often biased intervention, the immigrant women from Africa, Haiti and the region of Kurdistan, involved in this study, confront a different cultural ideology. In a fast track process, they are forced to question their adequacy as women and persons in the new society. They have to find the compromise between their past and present experience and redefine their understanding of gender and fertility. They have to resolve the disparity between their complex life circumstances and cultural surrounding, often ignorant to these circumstances.

The program of integration and adaptation to Canadian society provides immigrant women with language and work training, but does not incorporate a cross-cultural reference to female fertility. Constructed and perceived as a 'private' matter, fertility in Canadian mainstream society is transferred to the realm of domesticity, leaving the immigrant woman to redefine the sense of 'normality' and negotiate her priorities on her own. The intensive social and economic pressure to integrate through education and work on the one side, and the individual agency of the women to fit into the new society on the other, is blended with nostalgia, longing for the lost identity and the vanished world of belonging and protection. The consequence of this dissonance, as the women report, often ends in physical and mental health problems. The concept of body, at the same time, is under a serious reconstruction, from a previously promoted reproductive body to a body that needs to be subscribed to limitation in its procreative abilities.

The sense of loneliness, isolation and loss of social significance in that process is partly compensated by increased empowerment in the family setting. The improved women's power to make reproductive decisions is a result of a number of factors: the social ideology of extreme individualism and its practical execution through existing programs and social services; the physical and symbolic distance from the extended family and community back home; the establishment of the nuclear family unit and, consequently, changed family dynamics, and, finally, diminished

social and cultural importance of female fertility. Instead of being an act of investment providing the security for the individual and the family, childbearing becomes an act of consumption and source of economic exhaustion and insecurity. In that context of substituted ideologies, re-established priorities and redefined hierarchy of power, the women in the study are forced to question, although not without hesitation and emotional resistance, the previously constructed nature of fertility as a collective responsibility and approach it as a carefully monitored and controlled exercise of individual reproductive 'choices'

By exploring the experiences of twenty one women, the research project "Immigrant Women and Fertility: Rights and Responsibilities" identified the points of cultural and ideological conflicts that are the source of serious problems, preventing women from efficient integration into Canadian society. The sites of conflict are mostly located in the area of settlement and education, where inadequate services, ignorant of gender and culture, do not address the issues of gender transition and reproductive health.

This study, encouraged and supported by the community built of immigrant women and female settlement workers, Planned Parenthood Edmonton, and the Status of Women Canada, is conducted not only to identify the issues related to immigrant women and fertility, but to put together the basis for further actions towards the policy change in the domain of immigrant settlement. These further actions include building the stronger voice of immigrant women through the collaboration of agencies serving immigrant women, focusing on creating a common political platform to address the need for gender/culture appropriate programs and services, and advocating effective and immediate change of existing settlement practices. These changes are directed to the implementation of in-site and outreach, culturally appropriate counselling for women, mandatory daycare in all immigrant serving facilities, outreach, home based English As a Second Language education as well as recreational and educational drop-in centers for immigrant women. The work that is required to achieve these goals will give the extended life to this project, exceeding its strictly academic purposes.

Works cited:

Abbasy-Shavazi, Mohammad Jalal and Peter McDonald

2000 Fertility and Multiculturalism: Immigrant Fertility in Australia. *International Migration Review* 34(1): 214-242.

Agnew, Vijay

2002 Gender, Migration, and Citizenship Resources Project. Electronic document, http://www.swc-gfcfc.gc.ca/pubs/gender_migration_gender_migration_3_e.html, accessed October 8.

Ahmed, Akbar S. and Cris N. Shore, eds.

1995 *The Future of Anthropology*. London & Atlantic Highlands: Athlone.

Becker, Gay

2000 *The Elusive Embryo: How Women and Men Approach New Reproductive Technologies*. Barkley Los Angeles London: University of California Press.

Bélanger, Alain and Gilbert Stéphane

2003 The Fertility of Immigrant Women and their Canadian Daughters. In: *Report on the Demographic Situation in Canada 2002*. Alain Bélanger, ed. Pp.127-151. Ottawa: Statistics Canada.

Bhabha, Homi

1994 *The Location of Culture.* London and New York: Routledge.

Bhabha, Jacqueline and Sue Shutter

1994 *Women's Movement: Women under Immigration, Nationality and Refugee Law.* Staffordshire: Trentham Books.

Bledsoa, Caroline H., Allan G. Hill, Umberto D'Alessandro and Patricia Langerock

1994 Constructing Natural Fertility: The Use of Western Contraceptive Technologies in Rural Gambia. *Population and Development Review* 20(1): 81-113.

Bourdieu, Pierre

2003 Participant Objectivation. *Journal of the Royal Anthropological Institute* 9(2): 281-295.

Boyd, Monica

2001 Gender, Refugee Status, and Permanent Status. In: *Immigrant women.* R. J. Simon, ed. Pp.103-124. New Brunswick (USA) and London (UK): Transaction Publisher.

Boym, Svetlana

2001 *The Future of Nostalgia.* New York: Basic Books.

Browner, C.H.

2001 Situating Women's Reproductive Activities. *American Anthropologist.* 102(4): 773-788.

Buijs, Gina, ed.

1993 *Migrant women: Crossing boundaries and changing identities.* Oxford Providence: Berg.

Caplan, Pat
2002 'We are all Neighbours': Review. In: *The Best of Anthropology Today*. Jonathan Benthall, ed. Pp. 179-183. London and New York: Routledge.

Cardiff, Janet
2001 *Forty-Part Motet*. Electronic document, http://www.abbeymedia.com/Janweb/40motet.html, accessed April 2.

Carter, Anthony T.
1995 Agency and fertility: For Ethnography of Practice. In: *Situating Fertility: Anthropology and Demographic Inquiry*. S. Greenhalgh, ed. Pp. 55-85. Cambridge: University press.

Collins, Patricia Hill
1990 *Black Feminist Thought: Knowledge, Consciousness, and the Politics of Empowerment*. New York London: Routledge.

Craib, Ian
1994 *Importance of Disappointment*. London and New York: Routledge.

D & N Production
1993 *Something Like a War*. Video documentary.

Driedger, Leo
1996 *Multi-ethnic Canada: Identities & Inequalities*. Toronto Oxford New York: Oxford University Press.

Espin, Olivia
1999 *Immigrant women crossing boundaries*. New York and London: Routhledge.

Espiritu, Yen Le

2001 "We Don't Sleep Around Like White Girls Do": Family, Culture, and Gender in Filipina American Lives. *Signs: Journal of women in Culture and Society* 26(2): 415 - 440.

Foner, Nancy

2001 Benefits and Burdens: Immigrant women and Work in New York City. In: *Immigrant Women.* R. J. Simon, ed. Pp. 1-20. New Brunswick (USA) and London (UK): Transaction Publisher.

Gabaccia, Donna

1991 Immigrant women: Nowhere at home. *Journal of American Ethnic History* 10 (4): 61-88.

Ginsburg, Faye D. and Rayna Rapp

1991 *The Politics of Reproduction.* Annual Review of Anthropology. 20: 311-341.

Ginsburg, Faye D. and Rayna Rapp, eds.

1995 *Conceiving the New World Order: The Global Politics of Reproduction.* London: University of California Press.

Greenhalgh, Susan, ed.

1995 *Situating Fertility: Anthropology and Demographic Inquiry.* Cambridge: University Press.

Handwerker, Lisa

1998 The Consequences of Modernity for Childless Women in China: Medicalization and Resistance. In: *Pragmatic Women and Body Politics.* M. Lock and Patricia Kaufert, eds. Pp. 178-205. Cambridge: University Press.

Handwerker, Penn W.

1990 *Births and Power: Social Change and the Politics of Reproduction*. Boulder, San Francisco & London: Westview Press.

Jeffery, Patricia and Roger Jeffery

1996 Delayed Periods and Falling Babies: The Ethnophysiology and Politics of Pregnancy Loss in Rural North India. In: *Anthropology of Pregnancy Loss: Comparative Studies in Miscarriage, Stillbirth and Neonatal Death*. Rosanne Cecil, ed. Pp. 17-38. Oxford Washin

Kaler, Amy

2003 *Running after Pills: Politics, Gender and Contraception in Colonial Zimbabwe*. Portsmouth NH London: Heinemann.

Kandiyoti, Deniz

1988 Bargaining with Patriarchy. *Gender and Society* 2 (3): 274 - 290.

Kibria, Nazli

2000 Power, Patriarchy, and Gender Conflict in Vietnamese Immigrant Community. In: *Gender and Migration*. K. Willis and Brenda Yeoh eds. Pp. 177-192. Cheltenham, UK and Northampton, MA, USA: An Elgar Reference Collection.

Kulick, Don

1995 Introduction: The sexual life of anthropologists: erotic subjectivity and ethnographic work. In: *Taboo: Sex, Identity and Erotic Subjectivity in Anthropological Fieldwork*. D.Kulick and Margaret Willson, eds. Pp. 1-28. London & New York: Routledge.

Lock, Margaret and Patricia Kaufert, eds.

1998 *Pragmatic Women and Body Politics.* Cambridge: University Press.

Martin, Emily

1992 *The Woman in the Body: A Cultural Analysis of Reproduction.* Boston: Beacon Press.

McGee, Jon R. and Richard L. Warms, eds.

2000 *Anthropological Theory: An introductory History.* Mountain View, California, London, Toronto: Mayfield Publishing Company.

Nagar, Richa

2000 Communal Discourses, Marriage, and the Politics of Gender Social Boundaries among South Asian Immigrants in Tanzania. In: *Gender and migration.* K. Willis and Brenda Yeoh, eds. Pp. 228-250. Chelt..ham, UK and Northampton, MA, USA: An Elgar Reference Collec

Njikam Savage, Olayinka

1996 Children of the Rope' and Other Aspects of Pregnancy Loss in Cameroon, In: *Anthropology of Pregnancy Loss: Comparative Studies in Miscarriage, Stillbirth and Neonatal Death.* Rosanne Cecil, ed. Pp. 95-109. Oxford Washington D.C.: Berg.

Obeyesekere, Gananath

1997 *The Apotheosis of Captain Cook.* New Jersey: Princeton University Press.

Papic, Zarana

1999 Women in Serbia: Post-communism, War and Nationalistic Mutations. In: *Gender Politics in the Western Balkans*. Sabrina P. Ramet, ed. Pp. 153-170. Pennsylvania: The Pennsylvania State University Press.

Perce, Tola Olu

1995 Women's Reproductive Practices and Biomedicine: Cultural Conflict and Transformations in Nigeria. In: *Conceiving the New World Order: The Global Politics of Reproduction*. F. D. Ginsburg and Rayna Rapp, eds. Pp. 195-208. London: University of California Pr

Pessar, Patricia

2000 Sweatshop Workers and Domestic Ideologies: Dominican Women in New York's Apparel Industry. In: *Gender and Migration*. K. Willis and Brenda Yeoh, eds. Pp.193-210. Cheltenham, UK and Northampton, MA, USA: An Elgar Reference Collection.

Petchesky, Rosalind Pollack

1984 *Abortion and Woman's Choice: The State, Sexuality and Reproductive Freedom*. New York and London: Longman.

Petchesky, Rosalind Pollack

1995 The Body as Property: A Feminist Re-vision. In: *Conceiving the New World Order: The Global Politics of Reproduction*. F. D. Ginsburg and Rayna Rapp, eds. Pp: 387-406. London: University of California Press.

Petchesky, Rosalind Pollack and Karen Judd

1998 *Negotiating Reproductive Rights*. London and New York: Zed Books

Pink, Sarah
2002 The White 'Helpers': Anthropologists, Development Workers and Local Imaginations. In: *The Best of Anthropology Today*. Jonathan Benthall, ed. Pp.109-119. London and New York: Routledge.

Probyn, Elspeth
1993 *Gendered Positions in Cultural Studies*. London and New York: Routledge.

Rapp, Rayna
2001 Gender, Body, Biomedicine: How Some Feminist Concerns Dragged Reproduction to the Center of Social Theory. *Medical Anthropology Quarterly* 15(4): 466-477.

Ristock, Janice L. and Joan Pennell
1996 *Community Research as Empowerment*. Toronto New York Oxford: Oxford University Press.

Said, Edward
1979 *Orientalism*. New York: Vintage Books.

Saunders, Doug
2004 'European Dream' Relies on Immigrant Workers' Nightmares. *The Globe and Mail*. September 4, F3

Shore, Cris
1999 Fictions of Fieldwork: Depicting the 'Self' in Ethnographic Writing (Italy). In: *Being There*. C. W. Watson, ed. London Sterling, Virginia: Pluto Press.

Simon, Rita James, ed.
2001 *Immigrant women*. New Brunswick (USA) and London (UK): Transaction Publisher.

Spitzer, Denise Lee

1998 *Migration and Menopause: Women's Experience of Maturation in Three Immigrant Communities.* PhD dissertation, Department of Anthropology, University of Alberta.

Toren, Nina

2001 Women and Immigrants: Strangers in a Strange Land In: *Immigrant Women.* R. J. Simon, ed. Pp. 175-196. New Brunswick (USA) and London (UK): Transaction Publisher.

Wembah-Rashid, J.A.R.

1996 Explaining Pregnancy Loss in Matrilineal Southeast Tanzania. In: *Anthropology of Pregnancy Loss: Comparative Studies in Miscarriage, Stillbirth and Neonatal Death.* Rosanne Cecil, ed. Pp. 75-94. Oxford Washington D.C.: Berg.

Wharf, Brian

1992 *Communities and Social Policy in Canada.* Toronto: McClelland & Stewart Inc.

Willis, Katie and Brenda Yeoh, eds.

2000 *Gender and Migration.* Cheltenham, UK and Northampton, MA, USA: An Elgar Reference Collection.

Wolff, Larry

1994 *Inventing Eastern Europe: The Map of Civilization on the Mind of Enlightenment.* Stanford: Stanford University Press.

Woods, Zonibel
2005 Sexual and Reproductive Health: A Foundation for Achieving the MDGs. Paper presented to the United Nations Division for the Advancement of Women, Baku, Azerbaijan, February 7-10.

Yuval-Davis, Nira
2000 *Gender and Nation.* London Thousand Oaks New Delhi: SAGE Publications.

Appendices

Consent Form

Immigrant women and fertility: Rights and Responsibilities?

Hello!

My name is Tatjana Alvadj and I am a graduate student of Anthropology. I am also an immigrant woman and mother interested in learning about other mothers' experiences of immigration and cultural adjustment to Canadian culture. Mostly, I am interested in immigrant women having babies in Canada (fertility): how they make a decision to have babies; how they see their role of a woman/mother in Canada; how they experience their motherhood in Canada; what problems they face regarding to having babies in Canada; and what may help them to resolve these problems.

I would like to hear from you, as an immigrant woman and mother, about your experiences, feelings, and thoughts about this topic. Your opinions are all important; there is no right or wrong answer. At any time during the project, you are free to ask me any question related to this research and I will be happy to answer it.

For this project, I am asking you to get together (at the place and time that is good for you) with some other immigrant women. We will talk about things related to motherhood of immigrant women in Canada. I am expecting that two-three gatherings (each about 1.5 – 2 hours long) will be enough to share all stories and come up with some ideas of how immigrant serving agencies can help immigrant women in that part of their lives. You also may be asked for an hour of an individual interview about the same topic.

With your permission, all discussions and interviews will be taped. My assistant Marie and I (and possibly my professor, Dr. Denise Spitzer) will be the only persons who will listen the tape, do the transcription and read the transcript of discussions. The tape and transcript will be kept in a safe place.

After all discussions/interviews will be over, I will be happy to share with you the findings and ask you for your advice about possible changes in services that are offered to immigrant women.

As a researcher, I am bound by the rules of confidentiality. That means that I have to protect your privacy. Therefore, instead of your real name, I will use pseudonym (different name). The different name will show up in my paper, as well as in any public presentation, oral or written, of this research. I will change some other personal information (for example, your age or/and gender of your children), so you cannot be recognized. At the same time, I require from you to respect the confidentiality of other participants by not sharing any information or stories you will hear during our discussions with people outside of the group. Every participant of the group is bound by and responsible to obey the rules of confidentiality.

At all times you have right to:

- Refuse to answer questions;
- Leave the discussion/interview at any point;
- Withdraw from the research at any time. In this case, I will only use the information you have given to me with your permission. If you do not want me to use this information, I will destroy it or give it to you.
- Ask any questions regarding the research.

I, _____, voluntarily agree to participate in this research.
(Print participant's name)

_____

(Participant's signature) (Date)

_____

(Researcher's signature) (Date)

Comparing to the life in your country of origin, do you think that your financial situation in Canada is:

□ better off □ worse off □ the same

Who did you live with in your country of origin (parents, husband, children, extend family)?

_____

When did you leave your country? _____

What was the reason for leaving your country? _____

Did you live in any other country before you arrived to Canada? If yes, where?

_____

When did you arrive to Canada? _____

Who do you live with in Canada? (husband, children, parents, extended family...)? _____

How many times did you get married? _____

How many children do you have? _____

How many times did you get pregnant? _____

How old are you children? _____

How many children did you have in your country of origin? _____

How many children did you have after you came to Canada? _____

Group Discussion Questions

Topic I: Family relationships

1. In your country of origin, what does it take to be a "good" wife? (Probing: infertility vs. fertility; social behavior; sexual behavior; desirable number of children; birth control, spacing; marital status…etc.)? What does it take to be a "good" husband, or child? What is the part that extended family takes in family life?

1. In your country of origin, who made important decisions in the family? For example, decisions about money, child rearing, or other family issues?

2. Have your ideas about family and family relationships changed since coming to Canada? *(Probing: Have you experience any influences/pressures to change your family values and relationships? Where these influences/pressures were coming from? How much these influences/pressures were in conflict with your previous ideas about family and relationships? If changes happened, do you see them as positive or negative in your family relationships?)*

Topic II: Fertility: How does it affect you?

1. In your country of origin, what did make you decide how many babies you had and how often you had them? What does make you decide how many babies you have and how often you have them here in Canada?

2. In your country of origin, how did having babies affect your health and well- being (physical and emotional)? How does having babies affect your health and well being (physical and emotional) here in Canada?

3. In your country of origin, what people thought of you before/after having children? What people think of you here in Canada if you are having/having not more children?

4. What kind of support did you have related to having babies (pregnancy, birthing, spacing of babies) in your country of origin? What kind of support would like to see in place here that will help you to cope better with pregnancy, birthing and spacing of babies?

Topic III: Motherhood and Immigration: benefits and burdens

1. In your country of origin, what does it take for a woman to be a "good" mother?

2. In your country of origin, what were the blessings of motherhood for you? What were the burdens of motherhood and how did you cope with them?

3. What do you think it takes for a woman to be a "good" mother in Canada?

4. Since your arrival to Canada, what are the blessings of motherhood for you? What are the burdens and how do you cope with them?

5. As a mother in Canada, what kind of support would you find helpful?

Topic IV: What did we learn? What can we do?

1. We talked a lot about having babies and motherhood. How do you feel about these discussions?

2. How do you think these discussions could be improved?

3. Is there any action you would like to take as a result of these discussions?